

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 23 PM 2:15

DOCUMENT # L06000037450

1. Limited Liability Company's Name

RC 12 LLC

12/22/08--01037--021 **277.50

W08-54409
CR2B041 (10/08)

2. Principal Office Address - No P.O. Box #

1200 SE RANCH ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

1200 SE RANCH ROAD

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

Country

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 04/10/2006

6. FEI Number

20-4667307-

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CATHERINE PHAL

Street Address (P.O. Box Number is Not Acceptable)

1200 SE RANCH ROAD

Suite, Apt. #, Etc.

City

JUPITER, FL

State

FL

Zip Code

33478

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/1/2008

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	CATHERINE PHAL	1200 SE RANCH ROAD	JUPITER, FL 33478

300138404359
12/03/08--01016--003 **138.75

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated; the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 10/1/2008

Daytime Phone # 505 632 5115

Typed or printed name of signing Managing Member/Manager

CATHERINE PHAL