

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

SECRETARY OF STATE
DIVISION OF CORPORATION

08 NOV 26 AM 11:52

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LDL-55562

1. Limited Liability Company's Name

R.L.G. SERVICES LLC

600138233766
11/24/08-01047--023 **277.50

CR2E041 (10/08)

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

260 NE 3ER ST

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

Zip

33432

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 05/31/2006

6. FEI Number

20-4961626

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

RICHARD L GNAZZO

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

260 NE 3RD ST

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33432

☒ 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

11/21/08

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	RICHARD L GNAZZO	260 NE 3RD ST	BOCA RATON FL 33432

REINSTATEMENT 07-08

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 608.406, 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

11/21/08

Daytime Phone #

754-581-5609

Typed or printed name of signing Managing Member/Manager