

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000059666

1. Limited Liability Company's Name

RDM Holdings, LLC

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

89210 Overseas Hwy.

Suite, Apt. #, etc.

City & State

Tavernier, FL

Zip

33070

Country

USA

3. Mailing Office Address

PO Box 447

Suite, Apt. #, etc.

City & State

Islamorada, FL

Zip

33036

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06/12/2006

6. FEI Number

☐ 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

Dean Eakin

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

89210 Overseas Hwy

Suite, Apt. #, Etc.

City

Tavernier

State

FL

Zip Code

33070

E-mail Address:

info@islamoradapools.com

(To be used for future annual report notices)

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

See below

Date

REGISTERED AGENT MUST SIGN

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
MGMR	Dean Eakin	89210 Overseas Hwy	Tavernier, FL 33070

REINSTATEMENT

07-11
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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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing

Member/Manager

Registered Agent

Date 03/30/2011

Daytime Phone # 305-852-3133

Typed or printed name of signing Managing Member/Manager Dean Eakin