

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06000068576**

1. Limited Liability Company's Name

RP3 Holdings LLC

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

2277 W. OCEAN DAYS

Suite, Apt. #, etc.

circle

3. Mailing Office Address

Same

Suite, Apt. #, etc.

" "

City & State

VERO BEACH, FL.

City & State

" "

Zip

32963

Country

USA

Zip

" "

Country

" "

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

7.10.06

6. FEI Number

20-5177656

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

CHRIS KISE of FOLEY LARDNER

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

106 E. COLLEGE AVE

Suite, Apt. #, Etc.

STE 900

City

TALLAHASSEE

State

FL

Zip Code

32301

☒ 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 **5.17.10**

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
MEM	PRATT, RICHARD R.	2277 W. OCEAN DAYS	VERO BEACH FL 32963

S. HAWKES

MAY 20 2010

EXAMINER

REINSTATEMENT

2008-10

"RIPPRATT@YAHOO.COM"

11. E-mail Address: **Rippratt@yahoo.com**

(To be used for future annual report notifications)

12. 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 **5.17.10**

Daytime Phone # **772 532 4253**

Typed or printed name of signing Managing Member/Manager