

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 19 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10122007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000078849 1. Entity Name RCH LLC					
Principal Place of Business 224 BLANCHE PLACE DAYTONA BEACH, FL 32114			Mailing Address 224 BLANCHE PLACE DAYTONA BEACH, FL 32114		
2. Principal Place of Business - No P.O. Box # 224 BLANCHE PL.		3. Mailing Address 224 BLANCHE PL.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State DAYTONA BEACH, FL.		City & State DAYTONA BEACH, FL		4. FEI Number 20-5359851	
Zip 32114		Country FLORIDA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWARD, RICHARD C 224 BLANCHE PLACE DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name HOWARD, RICHARD C. Street Address (P.O. Box Number is Not Acceptable) 224 BLANCHE PLACE City DAYTONA BEACH FL Zip Code 32114		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE RICHARD C. HOWARD PRES. MOC <i>[Signature]</i> 1/15/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE <i>per</i>					
FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWARD, RICHARD C 224 BLANCHE PLACE DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HOWARD, RICHARD C. 224 BLANCHE PL. DAYTONA BEACH, FL 32114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> RICHARD C. HOWARD 1/15/07 386-566-0502 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date <i>per</i> Daytime Phone #					

REINSTATEMENT