

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 MAY -6 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400207217554
05/05/11--01005--008 **138.75

400207217554
05/05/11--01005--007 **238.75
CR2E041 (12/07)

DOCUMENT # L06000091581

1. Limited Liability Company's Name

RainTree Circle, LLC

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

14 Mount Vernon Ln

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 352106

Suite, Apt. #, etc.

City & State

Palm Coast FL

Zip

Country

32164

USA

City & State

Palm Coast FL

Zip

Country

32135 Flagler

4. State/Country of Formation

FL / Flagler

5. Date Organized or Qualified
To Do Business in Florida

9/18/2006

6. FEI Number

260201336

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

Business Filings Inc.

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

1203 Governors Sq Blvd (STE 101)

Suite, Apt. #, Etc.

STE 101

City

Tallahassee

State

FL

Zip Code

32301-2960

☐ 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

BizFilings (Business Filings Incorporated)
REGISTERED AGENT MUST SIGN

Date 4/30/11

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
<u>MGRM</u>	<u>Pamela Lahee</u>	<u>14 Mt. Vernon Ln</u>	<u>Palm Coast FL - 32164</u>
<u>Sec</u>	<u>Nicole J Lahee</u>	<u>1 Second St #2303</u>	<u>Jersey City, NJ</u>
<u>Tres</u>	<u>Nicole J Lahee</u>	<u>1 Second St #2303</u>	<u>Jersey City, NJ</u>

REINSTATEMENT

10/11/11

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

Pamela Lahee

Date 4/30/11

Daytime Phone # 386-446-9897

Typed or printed name of signing Managing Member/Manager

Pamela Lahee