

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 MAR 28 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000065224

1. Limited Liability Company's Name
R&S Leasing, LLC

CR2E041 (1/11)

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

6550 Whaley Road

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island, Florida

City & State

Same

Zip

Country

32953 United States

Zip

Country

Same

Same

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2007

6. FEI Number

65-1308325

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

Claretta Sue McGhee

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

6550 Whaley Road

Suite, Apt. #, Etc.

MAR 28 2013

City

Merritt Island

T. SCOTT

State

FL

Zip Code

32953

E-mail Address:

900245621849
03/12/13--01023--010 **238.75

familycollector@cfl-aa.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

Claretta Sue McGhee

Date **Feb. 25, 2013**

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
MEMBER	Claretta Sue McGhee	6550 Whaley Rd	Merritt Island, FL 32953
MEMBER	James Ray McGhee	6550 Whaley Rd	Merritt Island, FL 32953
MEMBER	Scott A McGhee	1913 Wildcat Pass	Evansville, IN 47720

REINSTATEMENT 12-13

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

Claretta Sue McGhee

Date **Feb 25, 2013**

Daytime Phone # **321-537-4969**

Typed or printed name of signing Managing Member/Manager **Claretta Sue McGhee**