PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400189069704
12/28/10--01021--002 **243.75

CR2E041 (05/10)

DOCUMENT # L07000075763

1. Limited Liability Company's Name

R I D Geosolutions, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4601-8 Ave No	Sm
Suite, Apt. #, etc.	Suite, Apt. #, etc. Sm
City & State St Petersburg Fla	City & State Sm
Zip 33703	Country USA	Zip Sm	Country Sm

4. State/Country of Formation
Fland USA

5. Date Organized or Qualified To Do Business in Florida
7-23-07

6. FEI Number
930493578

☐ 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
Davin W Kirby

Street Address (P.O. Box Number is Not Acceptable)
4601-8 Av N

Suite, Apt. #, Etc.
St P

City St Petersburg	State FL	Zip Code 33713

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 12-27-10

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
Mgrm	Russell Croan	6735 Pinecrest Lane	Phillys Paul L, Fl 33781
	REINSTATEMENT 10		

11. E-mail Address: DKIRBY @ TampaBay RR 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 12-27-10   Daytime Phone # 727-510-2045

Typed or printed name of signing Managing Member/Manager _____