

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000117989

1. Limited Liability Company's Name

RHODUS GROUP, LLC

2. Principal Office Address - No P.O. Box #
9359 Blind Pass RoadSuite, Apt. #, etc.
#403City & State
St Pete Beach, FLZip Country
33706 US3. Mailing Office Address
9359 Blind Pass RoadSuite, Apt. #, etc.
#403City & State
St Pete Beach, FLZip Country
33706 US

8. Name and Address of Current Registered Agent

Name
THE HOUSE OF TAXES, LLC ATTN: CHARLES HENDERSONStreet Address (P.O. Box Number is Not Acceptable) Suite,
15108 HEATHRIDGE DRIVE

Apt. #, Etc.

City
TAMPAState Zip Code
FL 33625

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/22/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	KEITH RHODUS	9359 Blind Pass Rd #502	St. Petersburg, FL 33706
AR	MICHAL RHODUS	9359 Blind Pass Rd #502	St. Petersburg, FL 33706
			S. HAWKES
			MAY 7 - A.M.
			EXAMINER
			REINSTATEMENT
			2013 - 2015

11. E-mail Address: michal.rhodus@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

MICHAL RHODUS

Date

04/30/15

Daytime Phone #

FILED

15 MAY -6 AM 9:37

SECRETARY OF STATE
ALLIANCE FLORIDA

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA5. Date Organized or Qualified
To Do Business in Florida 01/01/076. FEI Number
26-1462094

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a certificate of status400272652694
05/06/15--01021--003 **\$16.25