

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
REINSTATEMENT

12 OCT 29 PM 1:20

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Limited Liability Company's Name

R:et Rentals LLC

**REINSTATEMENT** 2009-2012  
CR2E041 (1/11) *[Signature]*

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

200 Plaza Drive  
Suite, Apt. #, etc.

3. Mailing Office Address

200 Plaza Drive  
Suite, Apt. #, etc.

City & State

Lehigh Acres FL

Zip Country  
33936 Lee

City & State

Lehigh Acres FL

Zip Country  
33936 Lee

4. State/Country of Formation

Florida US

5. Date Organized or Qualified To Do Business in Florida

6-6-2008

6. FEI Number

262717029

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 Tim Parmenter

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

753 Mirror Lakes Drive

Suite, Apt. #, Etc.

City Lehigh Acres

State

FL

Zip Code

33936

E-mail Address:

100241286461

10/29/12--01024--003 \*\*685.00

gasbuggies@comcast.net

(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

*[Signature]*

Date

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
<u>MEM</u>	<u>Tim Parmenter</u>	<u>200 Plaza Drive</u>	<u>Lehigh Acres FL 33936</u>

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

*[Signature]*

Date

10/25/12

Daytime Phone #

239-303-0317

Typed or printed name of signing Managing Member/Manager