

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM



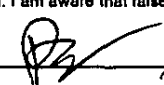
FILED

15 MAY -6 AM 9:30

FLORIDA DEPARTMENT OF STATE  
ALL CHARGES FLORIDA

CR2E041 (1/14)

000272652710  
05/06/15--01021--004 \*\*932.50

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		1. Limited Liability Company's Name <b>Lucky Rhino Properties</b>	
2. Principal Office Address - No P.O. Box # <b>6156 41<sup>st</sup> Street East</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>6156 41<sup>st</sup> Street East</b> Suite, Apt. #, etc.		4. State/Country of Formation <b>FL / USA</b>	
City & State <b>Bradenton FL</b>		City & State <b>Bradenton FL</b>		5. Date Organized or Qualified To Do Business in Florida <b>9/15/2008</b>	
Zip <b>34203</b>	Country <b>USA</b>	Zip <b>34203</b>	Country <b>USA</b>	6. FEI Number <b>263365556</b>	
8. Name and Address of Current Registered Agent Name <b>Philip Zofrea</b> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. <b>6156 41<sup>st</sup> Street East</b> City <b>Bradenton</b> State <b>FL</b> Zip Code <b>34203</b>				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
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  Date <b>5/4/15</b> REGISTERED AGENT MUST SIGN					
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		
MGR	Philip Zofrea	6156 41 <sup>st</sup> Street East	Bradenton FL 34203		
MGR	Brenda Zofrea	6156 41 <sup>st</sup> Street East	Bradenton FL 34203		
<b>REINSTATEMENT</b> <b>2010-2015</b>			<b>S. HAWKES</b> <b>MAY 7 - AM</b> <b>EXAMINER</b>		
11. E-mail Address: <b>p2ofrea@yahoo.com</b> (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  Date <b>5/4/15</b> Daytime Phone # <b>941-756-8880</b> Typed or printed name of signing authorized representative/member <b>Philip Zofrea</b>					