

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

2016 NOV 22 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500292607055
11/23/16--01002--003 **\$60.00

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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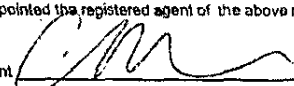
DOCUMENT # L12000056612

1. Limited Liability Company's Name
RB48 LAKELAND LLC

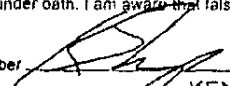
2. Principal Office Address - No P.O. Box # 1428 Crowell Road		3. Mailing Office Address 1428 Crowell Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Vienna, VA		City & State Vienna, VA	
Zip 22182	Country USA	Zip 22182	Country USA

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida April 26, 2012	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status.	

8. Name and Address of Current Registered Agent			
Name UNITED STATES CORPORATION AGENTS, INC.			
Street Address (P.O. Box Number is Not Acceptable) Suite, 13302 Winding Oak Court			
Apt. #, Etc. Suite A			
City Tampa	State FL	Zip Code 33612	

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 	Cheyenne Moseley, Asst. Secretary on behalf of United States Corporation Agents, Inc.	Date 11/18/2016
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
MGRM	KEN SHARP	1428 Crowell Road	Vienna, VA 22182
REINSTATEMENT			
NOV 22 2016			
R. HUNT			

11. E-mail Address: ksharpsci@icloud.com	
<small>(To be used for future annual report notifications)</small>	
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 11/15/16 Daytime Phone # 703-628-4936
Typed or printed name of signing authorized representative/member KEN SHARP	