

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

16 DEC -8 AM 8:27

DOCUMENT # L15000159599

1. Limited Liability Company's Name

Rent Certified LLC

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

601 Middlebrooks Circle

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 862

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Bainbridge, GA

Zip

32312

Country

USA

Zip

39818

Country

USA

8. Name and Address of Current Registered Agent

Name

Nathan Rollins Miller

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

601 Middlebrooks Circle

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

12/5/16

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of<br>Authorized Representatives/<br>Managers | Street Address of Each<br>Authorized Representative/<br>Manager | City / State / Zip    |
|--------|--|---|-----------------------|
| MGR    | Nathan Rollins Miller                              | 601 Middlebrooks Circle   | Tallahassee, FL 32312 |
|        |  |   |                       |
|        |  |   |                       |
|        |  |   |                       |
|        |  |   |                       |
|        |  |   |                       |
|        |  |   | DEC - 8 2016          |

11. E-mail Address: rollins@millergriffin.com

M. WILLIAMS

(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

11/16/16

Daytime Phone #

229-246-4750

Typed or printed name of signing authorized representative/member

Nathan Rollins Miller