

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2017 DEC 12 PM 1:05

SEC

400306629734

CR2E081 (11/10)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L15000188969

1. Corporation Name

Rederi II LLC

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

4071 L.B. McLeod

3. Mailing Office Address

551 LaMore Lane

Suite, Apt. #, etc

#A

Suite, Apt. #, etc

City & State

Orlando FL

City & State

Nevelly GA

Zip

32811

Country

Orange

Zip

31565

Country

Conden

4. Date Incorporated or Qualified To Do Business in Florida

11/06/15

5. FET Number

47-5541105

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Roxanne Turner

Roxanne Turner

Asst. Vice President

Date 12/12/17

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|-----------------------------------|--|----------------------|
| MGR | RICHARD RETTSTADT | 551 LaMore Lane | Nevelly GA 31565 |
| MGR | RICHARD BELTZ | 11039 Clippard Ct | Winderemore FL 34786 |
| | | | |

REINSTATEMENT

0. E-mail Address: richstadt@gmail.com

(To be used for future annual report notification)

1. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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:

R. Dinkler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/17

Date

912 580 9342

Daytime Phone #

R. Dinkler

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 951123 7635927

AUTHORIZATION :



COST LIMIT : \$ 377.50

ORDER DATE : December 12, 2017

ORDER TIME : 9:51 AM

ORDER NO. : 951123-005

CUSTOMER NO: 7635927

DOMESTIC FILINGS

NAME: REDERI II LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - Ext#

EXAMINER'S INITIALS _____

17 DEC 12 AM 11:16
RECEIVED