


\$243.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

2020 JUL 31 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FL

DOCUMENT # LI9000261901

1. Limited Liability Company's Name

Rapid and Radiant+LLC

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

5598 Hampton Hill

Suite Apt #, etc

Circle

City & State

Tallahassee, Florida

Zip

32311

Country

USA

3. Mailing Office Address

5598 Hampton Hill

Suite Apt #, etc

Circle

City & State

Tallahassee, Florida

Zip

32311

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

08/01/20

6. FEI Number

☒ 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

Rachane Abdelkader

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

5598 Hampton Hill Circle

Apt #, Etc

City

Tallahassee

State

FL

Zip Code

32311

400349453584

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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

Rachane Abdelkader  
REGISTERED AGENT MUST SIGN

Date 07/31/20

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
Manager/owner	Rachane Abdelkader	5598 Hampton Hill Circle	Tallahassee, FL 32311

**REINSTATEMENT**

11. E-mail Address

rapid and radiant@gmail.com  
(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

Rachane Abdelkader

Date

07/31/20

Daytime Phone #

310 428 9080

Typed or printed name of signing authorized representative/member