

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L98000000015

FILED

05 APR -1 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

L98000000015

1. Limited Liability Company's Name

A. RYMA L.L.C.

02

h/c

2. Principal Office Address

300 PADRICK AVE

Suite, Apt. #, etc.

City & State

DELAND

Zip

32720

Country

U.S.A.

3. Mailing Office Address

P.O. BOX 1472

Suite, Apt. #, etc.

City & State

LONGWOOD

Zip

32752

Country

U.S.A.

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

01/05/1998

6. FEI Number

593488791

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

CORPORATE CREATIONS ENTERPRISES, INC.

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

11380 Prosperity Farms Rd.

Suite, Apt. #, Etc.

Suite 221 E

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Jessie Vella Vice President  
REGISTERED AGENT MUST SIGN

Date 03-18-05

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	SUSAN F. RYAN	303 EARL ST.	LONGWOOD, FL 32750
MGR	CHARLES A. MASON	303 EARL ST.	LONGWOOD, FL 32750

REINSTATEMENT

900049905539  
04/05/05--01055--004 \*\*205.00

2002-2005

h/c

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of  
Managing Member/Manager

Date 03-17-05 Daytime Phone # 407-331-8999

Typed or printed name of signing Managing Member/Manager

Charles A. Mason

CR2E041 (10/02)

LG 8000000015

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

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Re: A.Ryma L.L.C.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. 205.00 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2002, 2003, 2004, 2005

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: Rebecca Handerson  
R.L. Anderson as attorney-in-fact for:

Name: Susan F. Ryan

Title: President

Date: 3/31/05

BL