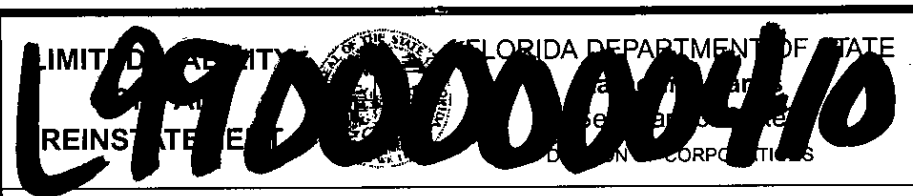


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUL 31 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L99000000410

1. Limited Liability Company's Name

RHLW ENTERPRISES, L.C.

2. Principal Office Address

2331 Oakley Clark Road

Suite, Apt. #, etc.

City & State

ALVA, FL 33910

Zip

33910

Country

LEE

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

1/13/99

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

ROBERT P. HALGRIM

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

2331 Oakley Clark Road

Suite, Apt. #, Etc.

City

Alva

State  
FL

Zip Code  
33920

100006881421-8  
-08/05/02--01004--002  
\*\*\*\*255.00 \*\*\*\*255.00

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

*Robert P. Halgrim*  
Robert P. Halgrim

Date

7/23/02

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
MGRM	ROBERT P. HALGRIM	2331 Oakley Clark Road	Alva, Florida 33920
MGRM	LAWRENCE M. WEBB, as Trustee	18900 Nalle Road	No. Ft. Myers, FL 33917

REINSTATEMENT 00-02

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

*Robert P. Halgrim*  
Robert P. Halgrim

Date

7/23/02

Daytime Phone #

Typed or printed name of signing Managing Member/Manager ROBERT P. HALGRIM