

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2013 DEC -3 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000410

1. Limited Liability Company's Name

RHLW ENTERPRISES, L.C.

CR2E041 (1/11)

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

2080 McGregor Blv.

Suite, Apt. #, etc.

Suite 200

City & State

Fort Myers, FL

Zip

33901

Country

Lee

3. Mailing Office Address

P. O. Box 1030

Suite, Apt. #, etc.

City & State

Alva, FL

Zip

33920

Country

Lee

4. State/Country of Formation

Lee County, Florida

5. Date Organized or Qualified
To Do Business in Florida

01/13/1999

6. FEI Number

65-0883496

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

3302-

E-mail Address:

bob@oldfltitle.com

800254368198

12/03/13--01017--007 **1622.50

(To be used for future annual report notices)

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

Date 11-15-13

Robert P. Halgrim

REGISTERED AGENT MUST SIGN

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 FL 33920

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A. LUNT

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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. 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 Managing
Member/Manager

Robert P. Halgrim

11-15-13

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Robert P. Halgrim