

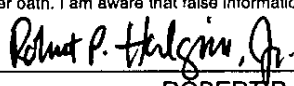


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
JUN - 2 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000000410					
1. Limited Liability Company's Name RHLW ENTERPRISES, L.C.					
2. Principal Office Address - No P.O. Box # 2080 MCGREGOR BLVD.			3. Mailing Office Address 6807 HIBISCUS LN.		
Suite, Apt. #, etc. SUITE 100			Suite, Apt. #, etc.		
City & State FORT MYERS			City & State FORT MYERS		
Zip 33901	Country USA	Zip 33919	Country USA	4. State/Country of Formation FLORIDA	
				5. Date Organized or Qualified To Do Business in Florida 1/13/1999	
				6. FEI Number 65-0883496	
				Applied For <input type="checkbox"/> Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent					
Name ROBERT P. HALGRIM JR.					
Street Address (P.O. Box Number is Not Acceptable) Suite, 6807 HIBISCUS LN					
Apt. #, Etc.					
City FORT MYERS			State FL	Zip Code 33919	
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 			Date 5/15/2017		
REGISTERED AGENT MUST SIGN					
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	
MGR	ROBERT P. HALGRIM JR.	6807 HIBISCUS LN		FORT MYERS, FL 33919	
MGR	ERIK C. HALGRIM	6811 HIBISCUS LN		FORT MYERS, FL 33919	
11. E-mail Address: _____ (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 			Date 5/15/2017		
Typed or printed name of signing authorized representative/member ROBERT P. HALGRIM JR.			Daytime Phone # 850-339-334-6558		

JUN 7 2017