

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 AM 10:21

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000000410

Name and Mailing Address

0014117 01 AT 0.292 \*\*AUTO T1 0 0615 33920-390231



RHLW ENTERPRISES, L.C.  
2331 OAKLEY CLARK ROAD  
ALVA FL 33920-3902



2. New Mailing Address  
RHLW Enterprises, LLC., P.O. Box 1030

City, State, Zip  
Alva, Florida 33920

Principal Place of Business  
2331 OAKLEY CLARK ROAD  
ALVA FL 33910

3. New Principal Place of Business Address

2080 McGregor Blvd.

City, State, Zip  
Fort Myers, Fl. 33901

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 01/13/1999

6. FEI Number  
APPLIED FOR

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

HALGRIM, ROBERT P  
2331 OAKLEY CLARK ROAD  
ALVA FL 33920

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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 Halgrim* **NATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11-17-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HALGRIM, ROBERT P	2331 OAKLEY CLARK ROAD	ALVA FL 33920

**REINSTATEMENT** 2003

12. 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 Halgrim* **NATURE REQUIRED**

Date 11-17-03

Daytime Phone # 239-728-3185

Typed or printed name of signing Managing Member/Manager