

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 MAY 14 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002363

1. Limited Liability Company's Name

Real Time Investment, LLC

CR2E041 (12/07)

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

2751 County Road 382

Suite, Apt. #, etc.

City & State

Chromo, CO

Zip

81128

Country

USA

3. Mailing Office Address

PO Box 100

Suite, Apt. #, etc.

City & State

Chromo, CO

Zip

81128

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

4/23/1999

6. FEI Number

65-0924297

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

John Coleman

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

2300 McGregor Blvd.

Suite, Apt. #, Etc.

City

Ft. Myers

State

FL

Zip Code

33902

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

John Coleman

REGISTERED AGENT MUST SIGN

Date 4/28/08

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	Joseph S. Bigley	2751 County Road 382	Chromo, CO 81128

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

Joseph S. Bigley

Date 4/22/2008

Daytime Phone # (970) 264-0560

Typed or printed name of signing Managing Member/Manager Joseph S. Bigley

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REINSTATEMENT 06-08