

M01000001255

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 13 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M01000001255

1. Limited Liability Company's Name

RUTT OF THE AMERICAS, LLC

2. Principal Office Address

1564 Main Street

Suite, Apt. #, etc.

City & State

Goodville, PA

Zip

17528

Country

U.S.

3. Mailing Office Address

P.O. Box 129

Suite, Apt. #, etc.

Attn: Bill Armstrong

City & State

Goodville, PA

Zip

17528-0129

Country

U.S.

4. State/Country of Formation

MS

5. Date Organized or Qualified

To Do Business in Florida 05/31/2001

6. FEI Number

62-1853645

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

Michael O'Bryn

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

1855 Griffin Road

Suite, Apt. #, Etc.

Suite C-358

City

Dania Beach

State

FL

Zip Code

33004

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

*[Signature]*

Date

11-4-2002

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
MGR	Fred E. Carl, Jr.	111 Front Street	Greenwood, MS 38930
MGR	Mike Eichenseer	1564 Main Street	Goodville, PA 17528

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

*[Signature]*

Date 11-1-02

Daytime Phone # 717-445-3700

Typed or printed name of signing Managing Member/Manager

Mike Eichenseer

CR2E041 (9/01)