

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 26 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M01000001351

1. Limited Liability Company's Name

R22F, LLC

10/4/02

2. Principal Office Address

1238 Blanding Blvd.

Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip

32065

Country

Clay

3. Mailing Office Address

PO Box 1997

Suite, Apt. #, etc.

City & State

Evans, GA

Zip

30809

Country

Columbia

4. State/Country of Formation

Georgia, USA

5. Date Organized or Qualified  
To Do Business in Florida

6-15-01

6. FEI Number

58-2630397

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ YES ☐ NO

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*Rachel T. Hayes*

RACHEL T. HAYES

ASSISTANT SECRETARY

11/19/03

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
Pres	Laura J. Sollie	4408 Deerwood Lane	Evans, GA 30809

REINSTATEMENT 2002-2003

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

*Laura J. Sollie*

Date 11-18-03

Daytime Phone# 706-650-8341

Typed or printed name of signing Managing Member/Manager

Laura J. Sollie

CR2E041 (10/02)