

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M04000002893

1. Entity Name
RLIN SERVICE CENTER, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:52

Principal Place of Business
3600 COMMERCE BOULEVARD
KISSIMMEE, FL 34741

Mailing Address
3600 COMMERCE BOULEVARD
KISSIMMEE, FL 34741

2. Principal Place of Business

3. Mailing Address



05082006 REIN-LLC CR2E101 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-1167084

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, RICHARD W
2535 SUCCESS DRIVE
ODESSA, FL 33556

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Richard W. Baker

5/12/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME BAKER, RICHARD W
STREET ADDRESS 2535 SUCCESS DRIVE
CITY-ST-ZIP ODESSA, FL 33556

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700075891647
CITY-ST-ZIP 06/06/06--01047--006 **205.00

TITLE MGR ☐ Delete
NAME SPEER, ROY M
STREET ADDRESS 2535 SUCCESS DRIVE
CITY-ST-ZIP ODESSA, FL 33556

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Richard W. Baker*

5/12/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT 05-06