

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 JUL 16 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000002922

1. Limited Liability Company's Name

R.S.E. POLAND, L.L.C.

900157542209
06/22/09--01046--009 **516.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
2706 HORSESHOE DR. S.

Suite, Apt. #, etc.
#210

City & State
NAPLES, FL

Zip
34104

Country
COLLIER

3. Mailing Office Address
10641 AIRPORT PULLING RD. N.

Suite, Apt. #, etc.
#30

City & State
NAPLES, FL

Zip
34109

Country
COLLIER

4. State/Country of Formation
FLORIDA, COLLIER

5. Date Organized or Qualified
To Do Business in Florida 5/31/05

6. FEI Number
13-4302143

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
ACCOUNTING BOOKKEEPING & CLERICAL SERVICE

Street Address (P.O. Box Number is Not Acceptable)
10641 Airport Pulling Rd. N. # 30

Suite, Apt. #, Etc.

City
NAPLES,

State
FL

Zip Code
34109

☒ 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

June Valls

Date JUNE 15, 2009

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
MGRM	GREGORY FILIPOWICZ	1 JASNA ST.	WARSAW, POLAND 00-0013
MGRM	STANISLAW RADOMYSKI	1 JASNA ST.	WARSAW, POLAND 00-0013

07/17/09--01018--014 **38.75

REINSTATEMENT 2006-09

JB

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

Gregory Filipowicz

Date 6-16-09

Daytime Phone # 239-254-1649

Typed or printed name of signing Managing Member/Manager

GREGORY FILIPOWICZ



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
09 JUL 16 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 1, 2009

R.S.E. POLAND, L.L.C.
10641 AIRPORT PULLING RD. N. #30
NAPLES, FL 34109

SUBJECT: R.S.E. POLAND L.L.C.
Ref. Number: M05000002922

We have received your document for R.S.E. POLAND L.L.C. and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2006 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$555.00.

We need an additional check \$38.75

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 509A00022650