PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
16 AUG 29 AM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M14000007295

1. Limited Liability Company's Name
R&L Military Atq, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7290 COLLEGE PKWY,	600 GILLAM ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 400	
City & State	City & State
FT. MYERS, FL	WILMINGTON, OH
Zip / Country	Zip / Country
33907 / USA	45177 / USA

4. State/Country of Formation
OHIO

5. Date Organized or Qualified To Do Business in Florida
10/06/2014

6. FEI Number ☐ 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
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 605, F.S.

Signature of Registered Agent: Corina Bury
REGISTERED AGENT MUST SIGN

Date: 08/29/2016

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
	SEE ATTACHED		

11. E-mail Address: chenry@rlcarriers.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Jeffrey C Wade
Date: 08/29/2016
Daytime Phone #: 800.799.0178

Typed or printed name of signing Authorized Representative/Manager: Jeffrey C Wade

8/29/16

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Title PCEO

ROBERTS, LARRY, SR.
600 GILLAM ROAD
WILMINGTON, OH 45177

Title VP

ROBERTS, ROBY
600 GILLAM ROAD
WILMINGTON, OH 45177

Title VP

DELUCA, DON
7290 COLLEGE PKWY, SUITE 400
FT. MYERS, FL 33907

Title VP

CARPENTER, MICHELLE
7290 COLLEGE PKWY, SUITE 400
FT. MYERS, FL 33907

Title VP

CARPENTER, KENDALL
7290 COLLEGE PKWY, SUITE 400
FT. MYERS, FL 33907

Title AS

WADE, JEFF
600 GILLAM ROAD
WILMINGTON, OH 45177

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LIMITED LIABILITY REINSTATEMENT
R&L MILITARY ATQ, LLC

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