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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 JAN 11 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M15000000337

1. Limited Liability Company's Name
R.W. ALLEN, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1015 Broad Street		PO Box 2406	
Suite, Apt. #, etc.		*Suite, Apt. #, etc.*	
City & State		City & State	
Augusta, GA		Augusta, GA	
Zip	Country	Zip	Country
30903	USA	30903	USA

4. State/Country of Formation
Georgia

5. Date Organized or Qualified To Do Business in Florida
12/23/2014

6. FEI Number
26-0768325
☐ 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	State	Zip Code
Plantation	FL	33324

800294219248

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 _____ Date 1/11/2017

REGISTERED AGENT MUST SIGN Jordan Brown

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
MBR	Connie M. Melear	4262 Waterston Courtyard	Evans, GA 30809

11. E-mail Address: djames@rwallen.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 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 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 _____ Date 1/11/17 Daytime Phone # 706-733-2800 ext 206

Typed or printed name of signing Authorized Representative/Manager Connie M. Melear

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32317
850-656-4724
850-508-1891 (cell)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date: 1/11/17
ACCT. I20160000072

Name:	R.W. Allen, LLC
Document #:	
Order #:	10324958

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing: X
Certified:
Plain:
COGS:

Availability _____
Document _____
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Verifier _____
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Ref# _____

Amount: $ 377.50

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17 JAN 11 PM 4:22

Thank you!