

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 JAN -4 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900421285889

CR2E041 (1/14)

DOCUMENT #

M22000015790

1. Limited Liability Company's Name

Rock Labor, LLC

2. Principal Office Address - No P.O. Box #

201 Rock Litz Blvd

Suite, Apt. #, etc.

City & State

Lititz, PA

Zip

17543

Country

USA

3. Mailing Office Address

201 Rock Litz Blvd

Suite, Apt. #, etc.

City & State

Lititz, PA

Zip

17543

Country

USA

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

10/4/2022

6. FEI Number

87-1630563

☐ 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)

1201 Hays Street

Suite, Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32301

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

Michele Holden

Michele Holden,
Assistant Secretary

Date 12/11/2023

REGISTERED AGENT MUST SIGN

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
Member	Rock Labor Holdings, LLC	201 Rock Litz Blvd	Lititz, PA 17543

● C. LAWRENCE ●

JAN--4-2023

11. E-mail Address: raishavaidya@rocklabor.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

Todd Svoboda

Date 12/11/2023

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager Todd Svoboda

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 01/04/2024
Acc#I20160000072

en: c DW

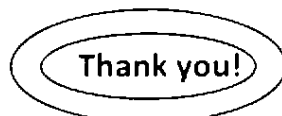
Name:	ROCK LABOR, LLC
Document #:	
Order #:	15271978 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>	This entity is not eligible for a Reinstatement online	
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>	Can this be filed OTC?	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner <i>[Signature]</i>
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$??.??
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2024 JAN -4 PM 12:59
NOTARY PUBLIC
TALLAHASSEE, FL 32309