

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 16 AM 10: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300162842153
11/16/09--01006--007 **932.50
CR2E041 (10/09)

DOCUMENT # M98000000508

1. Limited Liability Company's Name

RMS Properties of Illinois, L.L.C.

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

1491 W. Schaumburg Road

Suite, Apt. #, etc.

3. Mailing Office Address

1491 W. Schaumburg Road

Suite, Apt. #, etc.

4. State/Country of Formation Illinois

5. Date Organized or Qualified

To Do Business in Florida 05/21/1998

6. FEI Number

36-4203617

☐ 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 Keith Kidwell

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

1700 NORTHWEST 64TH STREET

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33309

☐ 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 fee 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

REGISTERED AGENT MUST SIGN

Date

11/10/09

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
MGR	RMS Properties of Illinois, Inc.	1491 W. Schaumburg Road	Schaumburg, IL 60194

REINSTATEMENT 04-09 AL

11. E-mail Address: gildagarza@sbcglobal.net

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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

Date 11/04/09

Daytime Phone # 847-991-1800

Typed or Printed name of signing Managing Member/Manager

Ren Shoffet, Pres. RMS Properties of Illinois, Inc.