M99000001364

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 16 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # M99000001364

1. Limited Liability Company's Name
RRE, LLC

2. Principal Office Address	3. Mailing Office Address
1125 S. 103RD ST.	1125 S. 103RD ST.
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 200
City & State OMAHA, NE	City & State OMAHA, NE
Zip 68124 Country	Zip 68124 Country

4. State/Country of Formation: SOUTH DAKOTA
5. Date Organized or Qualified To Do Business in Florida: 08/31/99
6. FEI Number: 47-0820294 (Applied For / Not Applicable)
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND RD.
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 608, F.S.

Signature of Registered Agent: Christine M. Eastwine Assistant Secretary Date: 5/29/03
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WAITT, NORMAN W JR	1125 S. 103RD ST., SUITE 200	OMAHA, NE 68124
MGR	SELINE, STEVEN W	1125 S. 103RD ST., SUITE 200	OMAHA, NE 68124
MGR	SCHUELE, JOHN S	1125 S. 103RD ST., SUITE 200	OMAHA, NE 68124
MGR	DELICH, MICHAEL J.	1125 S. 103RD ST., SUITE 200	OMAHA, NE 68124
	REINSTATEMENT 2002-2003		
		BK	

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 608.408, 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: [signature] Date: 5/12/03 Daytime Phone #: (402) 330-2520

Typed or printed name of signing Managing Member/Manager: Steven W. Seline

FL110 - 11/01/02 CT System Online