

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000008564

1. Corporation Name

Blue Rhino Enterprises

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

4035 Abbey Oaks Lane

Suite, Apt. #, etc.

3. Mailing Office Address

4035 Abbey Oaks Lane

Suite, Apt. #, etc.

City & State

Kennesaw, Georgia

City & State

Kennesaw, Georgia

Zip

30152

Country

USA

Zip

30152

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

01/19/2006

5. FEI Number  
204081576

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Mark Godinez

Street Address (P.O. Box Number is Not Acceptable)  
5237 Fountain Walk

Suite, Apt. #, Etc.

City  
Lady Lake

State Zip Code  
FL 32159

The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date 10-30-09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Richard Godinez	4035 Abbey Oaks Lane	Kennesaw, Georgia. 30152

300162548043  
11/05/09--01044--006 \*\*300.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Richard Godinez

10-29-09

770.906.3036

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 NOV -5 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT  
CR2E081 (12/08)

08-09

11/6/09