

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

03 OCT 31 AM 8:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000015649

Name and Mailing Address

0002592 01 AT 0.292 \*\*AUTO T1 0 0615 32566-891559



RSB INVESTMENTS, LLC  
 6559 AVENIDA DE GALVEZ  
 NAVARRE FL 32566-8915



CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/19/2002	
Principal Place of Business 6559 AVENIDA DE GALVEZ NAVARRE FL 32566	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent EDSEL F. MATTHEWS, JR., PA 308 SOUTH JEFFERSON STREET PENSACOLA FL 32501		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		800024337308	
		10/31/03--01079--009 **150.00	
		City FL Zip Code	

10. 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 *[Signature]* REGISTERED AGENT MUST SIGN Date 10/29/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BURCH, R S	6559 AVENIDA DE GALVEZ	NAVARRE FL 32566

**REINSTATEMENT** 03  
*dec*

12. 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 608.406, 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 *[Signature]* REGISTERED AGENT MUST SIGN Date 10-20-03 Daytime Phone 850-259-7993

Typed or printed name of signing Managing Member/Manager