

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FOR

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L00000000815

FILED

2003 MAY -6 AM 8:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000000815
Name and Mailing Address

0006338 01 FP 0.352 **PRSRT T9 0 0615 34491-936505
RSD REAL ESTATE MANAGEMENT, LLC
9505 S.E. 134TH STREET
SUMMERFIELD FL 34491-9365



2. New Mailing Address P.O. Box 1060 City, State, Zip HUNTINGTON, WV 25713-1060		4. State/Country of Formation FL	
Principal Place of Business 9505 S.E. 134TH STREET SUMMERFIELD FL 34491		5. Date Organized or Qualified To Do Business in Florida 01/24/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3621903	
		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 HUMPHRIES, J. GREGORY ESQ. 300 SOUTH ORANGE AVENUE SUITE 100 ORLANDO FL 32801-3373		9. Name and Address of New Registered Agent Name 100016323541 Street Address (P.O. Box Number is Not Acceptable) 04/18/03--01049--016 ##200.00 Suite 1000 City FL Zip Code	
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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 *J. Humphries* Date 04/09/03

REGISTERED AGENT MUST SIGN

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
M	POINDEXTER, J. BERNARD JR MGR	9505 S.E. 134TH STREET	SUMMERFIELD FL 34491
M	POINDEXTER, ELIZABETH T MGR	9505 S.E. 134TH STREET	SUMMERFIELD FL 34491
M	POINDEXTER, CAROLYN J MGR	150 CAMELOT DRIVE RT 1, Box 279	HUNTINGTON WV 25701 RICHARD, WV 25555
M	POINDEXTER, METTA E MGR	126 ROTARY ROAD	HUNTINGTON WV 25705
M	WILLIAMS, MARY MGR	1702 CRESTMONT DRIVE 156 CAMELOT DRIVE	HUNTINGTON WV 25701
M	POINDEXTER, J.B. III MGR	23804 ROLLING FORK WAY	GAITHERSBURG MD 20882

12. I certify that I am managing member/manager or the receiver or 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 *Mary P. Williams* Date 4-1-03 Daytime Phone # (304) 634-9114

Typed or printed name of signing Managing Member/Manager