

OCT. 30. 2003 2:39

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PLEASE PRINT ALL INFORMATION BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 30 AM 8:22
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002407

1. Limited Liability Company's Name
RJS, L.L.C.

RJK
100024423731
11/04/03--01067--022 **155.00

2. Principal Office Address
2000 Royal Marco Way

3. Mailing Office Address
2000 Royal Marco Way

Suite, Apt. #, etc.
Suite 310

Suite, Apt. #, etc.
Suite 310

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
03/02/00

City & State
Marco Island, Florida

City & State
Marco Island, Florida

6. FE# Number **20-0345295**
Applied For
Not Applicable

Zip **34145** Country **USA**

Zip **34145** Country **USA**

7. **CERTIFICATE OF STATUS DESIRED** \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **Jeff M. Novatt, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
821 Fifth Avenue South
Suite, Apt. #, Etc.
Suite 201
City **Naples** State **FL** Zip Code **34102**

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  Date **10/30/03**
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Raymond H. Smela	2000 Royal Marco Way, Suite 310	Marco Island, Florida 34145

REINSTATEMENT 2/10/03
RJK

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 608.406, 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 **Oct. 30/03** Daytime Phone # **239-389-5288**

Typed or printed name of signing Managing Member/Manager **Raymond H. Smela, Manager**

CRE001 (10/02)