

# L00000014711

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 31 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L00000014711**

**1. Limited Liability Company's Name**

RDI Bandon, LLC

100011592421  
01/31/03--01059--001 \*\*205.00

**2. Principal Office Address**

2859 Paces Ferry Road

Suite, Apt. #, etc.

Suite 300

City & State

Atlanta, GA

Zip

30339

Country

USA

**3. Mailing Office Address**

2859 Paces Ferry Road

Suite, Apt. #, etc.

300

City & State

Atlanta, GA

Zip

30339

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

11/28/00

**6. FEI Number**

582587248

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**

Name

Larry Ledbetter

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

c/o Brusters, 1836 W. Lumsden Road

Suite, Apt. #, Etc.

City

Brandon

State  
FL

Zip Code  
33511

**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

REGISTERED AGENT MUST SIGN

Date 01/22/03

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgr	Larry Ledbetter	1093 Longwood Drive	Woodstock, GA 30189

**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 01/22/03

Daytime Phone # (770) 803-6888

Typed or printed name of signing Managing Member/Manager

Larry Ledbetter

CR2E041 (10/02)

REINSTATEMENT

02-03-cw  
dce