

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

LO1000009319

DOCUMENT # **LO1000009319**

1. Limited Liability Company's Name

RT Investment Group, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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2. Principal Office Address 215 North Eola Drive Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 2809 Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32801	Country USA	Zip 32802-2809	Country USA
4. State/Country of Formation FLA			
5. Date Organized or Qualified To Do Business in Florida			
6. FEI Number		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00. Additional Fee required for a Certificate of Status.			

8. Name and Address of Current Registered Agent

Name

James J. Hootor

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

215 North Eola Drive

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32801

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

James J. Hootor

REGISTERED AGENT MUST SIGN

Date

1/23/03

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.	Garrett C. Stephenson	215 North Eola Drive	Orlando, FL 32801
Mgr.	Stephanie R. Stephenson	215 North Eola Drive	Orlando, FL 32801

REINSTATEMENT 02-03

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

Stephanie R. Stephenson

Date 1/15/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager