

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

04 AUG 25 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012867

Name and Mailing Address

0002723 01 AT 0.292 \*\*AUTO T3 0 0615 32708-619923



RHD & ASSOCIATES, LLC  
423 WOODCREST ST.  
WINTER SPRINGS FL 32708-6199



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/02/2001	
Principal Place of Business 423 WOODCREST ST. WINTER SPRINGS FL 32708	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3120420	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 <i>Richard H. D'Antonio</i> 423 WOODCREST STREET WINTER SPRINGS, FL 32708		9. Name and Address of New Registered Agent Name <i>Richard H. D'Antonio</i> Street Address (P.O. Box Number is Not Acceptable) 423 WOODCREST STREET WINTER SPRINGS City FL Zip Code 32708	
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 <i>Richard H. D'Antonio</i> Date 8-20-04 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
MGR	D'ANTONIO, RICHARD H	423 WOODCREST STREET	WINTER SPRINGS FL 32708
			100040743491 09/01/04--01077--006 **255.00

REINSTATEMENT

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

*Richard H. D'Antonio*

Date 8-20-04

Daytime Phone # 407-327-8200

Typed or printed name of signing Managing Member/Manager

RICHARD H. D'ANTONIO

CR2E084 (7/03)