

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 APR - 7 AM 11:14

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020533

Name and Mailing Address

0004146 01 FP 0.352 \*\*PRSR T3 0 0615 33430-42504  
RUMPH UNITED PROPERTIES L.L.C.  
740 SW 10TH ST  
BELLE GLADE FL 33430-4250

900013267699  
02/28/03--01030--015 \*\*200.00



CR2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation FL	
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City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/26/2001	
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Principal Place of Business 740 SW 10TH ST BELLE GLADE FL 33430	3. New Principal Place of Business Address		6. FEI Number 65-1153012	Applied For
	City, State, Zip			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 RUMPH, RODNEY S 7527 SW 164TH COURT MIAMI FL 33193		9. Name and Address of New Registered Agent		
		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		FL		Zip Code

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: *[Signature]* Date: \_\_\_\_\_  
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. Ubr.	Beatrice K. Rumph	740 S.W. 10 <sup>th</sup> St.	Belle Glade, Fl. 33430
Mbr.	Sonya Rumph	308 N.W. 10 <sup>th</sup> St. #107	Belle Glade, Fl. 33430
Mbr.	Dwayne S. Rumph	740 S.W. 10 <sup>th</sup> St.	Belle Glade, Fl. 33430
Mbr.	Karla Davis	308 N.W. Ave F #4	Belle Glade, Fl. 33430

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: *[Signature]* Date: 2/28/03 Daytime Phone # 561-996-5269