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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF STATE OF FLORIDA DEPARTMENT OF STATE

REINSTATEMENT OF LIMITED LIABILITY COMPANY

SECRETARY OF STATE

OFFICE OF CORPORATIONS

L01000021592

FILED

04 JAN -5 AM 11:11

1. DOCUMENT # L01000021592
Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015786 01 MB 0.309 **AUTO TB 0 0615 30004-430283



RB TAYLOR VENTURES, LLC
3183 CHIPPING WOOD COURT
ALPHARETTA GA 30004-4302



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3183 CHIPPING WOOD COURT ALPHARETTA GA 30004		5. Date Organized or Qualified To Do Business in Florida 11/05/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 91-2148054	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent SCHWEITZER, HARRY 10510 ROSEMOUNT COURT FORT MYERS FL 33908		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Harry Schweitzer **REQUIRED** Date _____
REGISTERED AGENT MUST SIGN

11. Names and Street Address of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	TAYLOR, RUSSELL C	3183 CHIPPING WOOD COURT	ALPHARETTA GA 30004
MGR	TAYLOR, BETSY S	3183 CHIPPING WOOD COURT	ALPHARETTA GA 30004

400025451154
12/12/03 01013 002 **150.00

REINSTATEMENT

2003
M THOMAS

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 terminated, 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 Russell C Taylor **REQUIRED** Date 12/30/03 Daytime Phone # 770-752-7177

Typed or printed name of signing Managing Member/Manager _____