

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

03 DEC 26 PM 3:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

1. **DOCUMENT #** L01000021593

Name and Mailing Address

0015785 01.MB 0.309 **AUTO T8 0 0615 30004-430283



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



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/05/2001	
Principal Place of Business 3183 CHIPPING WOOD COURT ALPHARETTA GA 30004	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 91-2148052	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 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) 800025773208 12/26/03--01049--006 **150.00 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 <i>Harry Schweitzer</i> SIGNATURE REQUIRED Date 12/24/03 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	TAYLOR, RUSSELL C	3183 CHIPPING WOOD COURT	ALPHARETTA GA 30004
MGR	TAYLOR, BETSY S	3183 CHIPPING WOOD COURT	ALPHARETTA GA 30004
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 <i>Russell Taylor</i> SIGNATURE REQUIRED		Date _____ Daytime Phone # _____	
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)

REINSTATEMENT 03

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