

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 OCT 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000022818

Name and Mailing Address

0002679 01 AT 0.292 **AUTO T3 0 0615 32703-192116



RJB INVESTMENT GROUP, LLC
9616 BEAR LAKE ROAD
APOPKA FL 32703-1921

MJH



10/29 2003

2. New Mailing Address P.O. Box 1565		4. State/Country of Formation FL	
City, State, Zip FLORENCE, Ky 41022-1565		5. Date Organized or Qualified To Do Business in Florida 01/01/2002	
Principal Place of Business 9616 BEAR LAKE ROAD APOPKA FL 32703	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 35-2178372	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
		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 WALLACE, TARA 9616 BEAR LAKE ROAD APOPKA FL 32703		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 **Tara Wallace** **STANDARD REQUIRED** Date **10/27/03**
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	BENTZ, RALPH W	5690 CODY ROAD, P.O. BOX 1565	INDEPENDENCE KY 41051

100024247851
10/29/03--01018--009 **155.00

REINSTATEMENT 2003

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 **Ralph Bentz** Date **10/27/03** Daytime Phone **843-763-9384**
Typed or printed name of signing Managing Member/Manager **RALPH BENTZ**

CR2E034 (7/03)