

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000014654

1. Limited Liability Company's Name

RGD Residential, LLC

2. Principal Office Address

247 North Westmonte Drive

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

3. Mailing Office Address

247 North Westmonte Drive

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

06/12/2002

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

W. Terry Costolo, Esquire/GrayRobinson, P.A.

Street Address (P.O. Box Number is Not Acceptable)

301 East Pine Street, Suite 1400

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

9. 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

*W. Terry Costolo*

REGISTERED AGENT MUST SIGN

4000031723644

04/06/04--01033--003 \*\*155.00

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	Robert M. Picerne	247 North Westmonte Drive	Altamonte Springs, FL 32714
	Gary Pascioni	247 North Westmonte Drive	Altamonte Springs, FL 32714

REINSTATEMENT 2003-2004

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11. 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

*Robert M. Picerne*

Date 3/31/04

Daytime Phone # 407-772-0200

Typed or printed name of signing Managing Member/Manager

ROBERT M. PICERNE

FILED

04 APR -6 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR02041 (10/02)