

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
G. Wayne E. Wood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 11 AM 11:01

1. DOCUMENT # L02000015714
Name and Mailing Address

0009188 01 AT 0.292 **AUTO T4 0 0615 33602-262321
RTD INVESTMENTS LLC
1721 N. FRANKLIN ST.
TAMPA FL 33602-2623

US REINSTATEMENT 2003



12/19

CR2E034 (7/03)

2. New Mailing Address RTD INVESTMENTS LLC ATTENTION: BOBBY MOORE, JR		4. State/Country of Formation FL	
City, State, Zip P.O. BOX 5468 LAKELAND, FL 33807		5. Date Organized or Qualified To Do Business in Florida 06/25/2002	
Principal Place of Business 1721 N. FRANKLIN ST. TAMPA FL 33602 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	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 LANIER, JOANN SR. 3706 DMG DR. LAKELAND FL 33811		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 *JO ANN LANIER* **SIGNATURE REQUIRED** Date **12-08-03**
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
PRES	BOBBY L. MOORE, JR.	P.O. BOX 5468	LAKELAND, FL 33807
PRES	TOM RODGERS	1721 N. FRANKLIN	TAMPA, FL 33602
2003			
REINSTATEMENT			
000025416960 12/11/03--01019--010 **150.00			

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 *JO ANN LANIER* **SIGNATURE REQUIRED** Date **12-08-03** Daytime Phone # **863-644-0456**
Typed or printed name of signing Managing Member/Manager