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L02000029188

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 19 PM 4:10

1. DOCUMENT # L02000029188

Name and Mailing Address

0017178 01 FP 0.352 **PRSRT T3 0 0615 32312

R&D ASSOCIATES OF TALLAHASSEE LLC
103 KENILWORTH ROAD
TALLAHASSEE FL 32312

2. New Mailing Address: N/A

City, State, Zip:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 11/01/2002

Principal Place of Business: 103 KENILWORTH ROAD TALLAHASSEE FL 32312

3. New Principal Place of Business Address:

City, State, Zip:

6. FEI Number: 32-0064321 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E034 (7/03)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COOK, ROSE H 103 KENILWORTH ROAD TALLAHASSEE FL 32312	Name Street Address (P.O. Box Number is Not Acceptable) 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: Rose S Cook REQUIRED — Date: December 12, 2003

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
MANAGER	Douglas M. Cook	1003 Kenilworth Road. Tallahassee, FL 32312 →	Tallahassee, FL 32312
		600025562766 12/17/03--01061--023 **100.00	

REINSTATEMENT 2003

MP 12/19

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/Manage: Douglas M Cook REQUIRED — Date: 12/12/03 — Daytime Phone # 850-228-6449

Typed or printed name of signing Managing Member/Manager: Douglas M. Cook