

L02000029188

APPLICATION FOR REINSTATEMENT

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

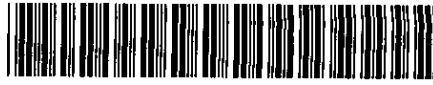
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # **L02000029188**
Name and Mailing Address

03 DEC 19 PM 4:10

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 U/A		4. State/Country of Formation FL	
City, State, Zip		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	

8. Name and Address of Current Registered Agent COOK, ROSE H 103 KENILWORTH ROAD TALLAHASSEE FL 32312	9. Name and Address of New Registered Agent 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 H. 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	<i>Douglas M. Cook</i>	<i>1003 Kenilworth Road Tallahassee, FL 32312</i>	<i>Tallahassee, FL 32312</i>
600025562766 12/17/03--01061--023 **100.00			
REINSTATEMENT 2003 <i>np 12/19</i>			

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 *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*

CR2E034 (7/03)