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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000029937

Name and Mailing Address

0000974 01 AV 0.278 **AUTO H5 0 0615 33431-330835

RJH HOLDINGS, LLC

4950 COMMUNICATION AVE
SUITE 110

BOCA RATON FL 33431-3308



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/08/2002	
Principal Place of Business 4950 COMMUNICATION AVE SUITE 110 BOCA RATON FL 33431	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 54-2081851	Applied For Not Applicable
		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 SPIEGEL & UTRERA, P.A. 1840 S.W. 22ND STREET, 4TH FLOOR MIAMI FL 33145		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 <i>[Signature]</i> Date 11/10/03 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	THOMAS, JAMES R	3881 S.W. 47TH AVENUE, SUITE 407 4950 COMMUNICATION AVE SUITE 110	BOCA RATON, FL 33431
MGR	THOMAS, ROBIN T	3881 S.W. 47TH AVENUE, SUITE 407 4950 COMMUNICATION AVE SUITE 110	BOCA RATON, FL 33431
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REINSTATEMENT 03			

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

SIGNATURE REQUIRED

Date 11/15/03

Daytime Phone # 561-939-3330

Typed or printed name of signing Managing Member/Manager

JAMES R. THOMAS

CR2E084 (7/03)