PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

С	ED LIAB OMPAN ISTATEN	Y			Secreta	RTMENT OF ry of State CORPORATIONS	STATE		SECRETARY DIVISION OF C 05 FEB 10	OF STATE ORPORATION	INS
DOCUMENT # LO3000005263  1. Limited Liability Company's Name  RP Ventures, L.L.C.								REINSTATEMENT 04-05			
2. Principal Office Address 3. Mailing C						Office Address					
		v T	aylor D					4. State/Country of Formation			
Suite, Apt. #, etc. Suite, A					λρt. #, etc.			Florida  5. Date Organized or Qualified			
City & State City &					& State			To Do Business in Florida 2/12/03			
Milton, FL				- Ath	Athens, AL						
<sup>Zip</sup> 3258	32583 Country		<sup>Zip</sup> 356	11	Country		. CERTIFICATE OF STATUS DESIRED S5.00 Addit for a Cert			required	
			-	8.	. Name and a	Address of Curre	nt Register	red Agent			
Prakash Darji  Street Address (P.O. Box Number is Not Acceptable)  1322 Highway 72 East 8551 Ke Shay Tay or Dr  Suite, Apt. #, Etc.  City  Athens, AL 35611 Milton  State Zip Code FL 32583  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	(	Tregisteri	alan	REGISTERED	Da	~~ <u>~</u>	ar with and	accept the obligat	Date	7~5	CRZE041 (10/02)
10. Name	es and Street	Addresse	s of Managing M	embers/Manag	ers					•	
Titles	Titles Name of Managing Members/ Manage			agers	Street Address of E Managing Member/M						
MGRM	Praka	ash	Darji		1322	? Highwa	у 72	East	Athens, AL	35611	
						· · · · · · · · · · · · · · · · · · ·			00046711 /0501056008	<del>325</del> ***200.0	0
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filing the	nis reinstatem	ent applic limited lia	ation the reason	for dissolution h	nas been elimii	nated, the limited li	ability comp	oany name satisfie	ed for in chapter 608, F.S. I fu ss the requirements of section ate, and my signature shall ha	608.406, F.S., and	that
Signature of Managing M	f //dember/Mana	ger <u></u>	Zarla	<u> </u>	Da	~~~	Date <u>0</u> 2	07-05	Daylime Phone # 256-2	233-416	_
Typed or printed name of signing Managing Member/Manager											