

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10/2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 OCT 28 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000032353

1. Limited Liability Company's Name

RT COASTAL INVESTMENTS, LLC

2. Principal Office Address

1450 N. US 1,

Suite, Apt. #, etc.

STE. 200

City & State

ORMOND BEACH, FL

Zip

32174

Country

US

3. Mailing Office Address

1450 N., US 1

Suite, Apt. #, etc.

STE. 200

City & State

ORMOND BEACH, FL

Zip

32174

Country

US

4. State/Country of Formation

FLORIDA/US

**5. Date Organized or Qualified
To Do Business in Florida**

8/27/2003

6. FEI Number

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

Name

VICTOR RUMANA

Street Address (P.O. Box Number is Not Acceptable)

1450 N. US 1, STE. 200

Suite, Apt. #, Etc.

City

ORMOND BEACH,

State

FL

Zip Code

32174

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 Agent

REGISTERED AGENT MUST SIGN

Date

10/25/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	VICTOR RUMANA	1450 N. US 1, STE. 200	ORMOND BEACH, FL 32174
MEM	DAVID BUHR	68 FALLEN OAK LANE	PALM COAST, FL 32137

REINSTATEMENT

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11. 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

Date

10/25/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

VICTOR RUMANA

CR2E041 (10/02)

FILED

282

October 22, 2004

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Division of Corporations
Registration Section
Box 6327
Tallahassee, FL 32134

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Notification of Intent to Dissolve: # L 03000032353

Dear Sirs:

Enclosed is a re-submission of the Annual Report for RT Coastal Investments, LLC.

Our company previously submitted an Annual Report to the State of Florida but the report was rejected due to an omission of certain information. This omission was simply an oversight and a correction notice was either not received or misplaced. This may have been due to a change of address.

Attached is a corrected Annual Report along with the fee of \$50. We are asking that this LLC be re-instated as soon as possible and we are also asking that the re-instatement fee of \$100 be waived.

Should you have questions or need additional information please contact me at the address below.

Sincerely,



Victor Rumana
RT Coastal Investments, LLC
Box 354950
Palm Coast, FL
386-986-9400 (cell)