

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAY -6 AM 10:03

**DOCUMENT # L03000039950**

1. Limited Liability Company's Name

**RAD Properties, LLC**

600151791326  
04/22/09--01021--007 \*\*693.75  
CRZE041 (10/09)

2. Principal Office Address - No P.O. Box #

110 NE 12th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

110 NE 12th Terrace

Suite, Apt. #, etc.

City & State

Cape Coral, Florida

City & State

Cape Coral, Florida

Zip

33909

Country

USA

Zip

33909

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 10-17-2003

6. FEI Number

20-0310514

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

Raymond N. Wilson

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

110 NE 12th Terrace

Suite, Apt. #, Etc.

City

Cape Coral,

State

FL

Zip Code

33909

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

*Raymond N. Wilson*

REGISTERED AGENT MUST SIGN

Date 04-12-2009

**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	Raymond N. Wilson	110 NE 12th Terrace	Cape Coral, Florida 33909
MGRM	Douglas G. Wilson	6404 Wet Marsh Court	Suffolk, VA 23435-2925
	REINSTATEMENT 2005-2009		

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

*Raymond N. Wilson*

Date 04-12-2009

Daytime Phone # 239-404-8562

Typed or printed name of signing Managing Member/Manager Raymond N. Wilson



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 MAY -6 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 29, 2009

RAD PROPERTIES, LLC  
110 NE 12TH TERRACE  
CAPE CORAL, FL 33909

SUBJECT: RAD PROPERTIES, LLC  
Ref. Number: L03000039950

We have received your document for RAD PROPERTIES, LLC and your check(s) totaling \$693.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 109A00014494