

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04 000079511**

1. Limited Liability Company's Name

RESORTS DEVELOPMENT GROUP LLC

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

5182 ISLEWORTH COUNTRY CLUB DRIVE AS PRINCIPAL OFFICE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINDERHIRE

City & State

Zip

34786

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

RDG LLC

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

5182 ISLEWORTH COUNTRY CLUB DRIVE

Suite, Apt. #, Etc.

City

WINDERHIRE

State

FL

Zip Code

34786

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

CEO
REGISTERED AGENT MUST SIGN

Date **2/7/2011**

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
HGRM	MALCOLM WRIGHT	5182 ISLEWORTH COUNTRY CLUB DRIVE	WINDERHIRE, FL 34786

REINSTATEMENT

10-11
AL 3-29-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date **2/7/2011**

Daytime Phone # **407-421-6660**

Typed or printed name of signing Managing Member/Manager

FILED
2011 MAR 28 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000193967870
02/11/11--01030--028 **243.75

CR2E041 (1/11)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/02/2004

6. FEI Number

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

000193967870
03/29/11--01006--014 **138.75

MALCOLMWRIGHT@AOL.COM

(To be used for future annual report notices)