

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

08 AUG 28 PM 1:48

DOCUMENT # L05-30432

1. Limited Liability Company's Name

R&D 30-A Investments, LLC

CR2E041 (12/07)

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

36468 Emerald Coast Parkway

Suite, Apt. #, etc.

Suite 1201

City & State

Destin, FL

Zip

32541

Country

USA

3. Mailing Office Address

36468 Emerald Coast Parkway

Suite, Apt. #, etc.

Suite 1201

City & State

Destin, FL

Zip

32541

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

03/28/2005

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

Richard S. McNeese

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

36468 Emerald Coast Parkway

Suite, Apt. #, Etc.

Suite 1201

City

Destin

State

FL

Zip Code

32541

☐ 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

REGISTERED AGENT MUST SIGN

Date August 20, 2008

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
MGRM	Richard S. McNeese	36468 Emerald Coast Parkway, #1201	Destin, FL 32541
MGRM	Demetria C. McNeese	36468 Emerald Coast Parkway	Destin, FL 32541

REINSTATEMENT 2006-08

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 08/29 2008

Daytime Phone # (850) 337-4242

Typed or printed name of signing Managing Member/Manager

Richard S. McNeese