


9-15-06  
200.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUN 13 PM 1:58

DOCUMENT # **LD5 000035506**

1. Limited Liability Company's Name

**RS/COLONY GP, LLC**R0010442R088  
06/15/07-01030-017 \*\$300.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>3510 S. Mooring Way</b>		3. Mailing Office Address <b>3510 S. Mooring Way</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33133</b>	Country <b>USA</b>	Zip <b>33133</b>	Country <b>USA</b>

State/Country of Formation  
**FL/USA**5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

Applied For

☒ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☒\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
**M & W Agents, Inc.**Street Address (P.O. Box Number is Not Acceptable)  
**2101 Corporate Blvd.**Suite, Apt. #, Etc.  
**Suite 107**City  
**Boca Raton**State  
**FL**Zip Code  
**33431**

☐ 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

**DOUGLAS R. TESCHER, PRES**

Date

**5/31/07**

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Steven Shere	3510 S. Mooring Way	Miami, FL 33133

**REINSTATEMENT****6-07****RL**

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

**5/1/07**

Daytime Phone #

**305-3424067**

Typed or printed name of signing Managing Member/Manager