


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-18-06  
200-W

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		07 JUN 13 PM 2:00  700104426177 06/15/07-01030--017 **300.00																									
<b>DOCUMENT #</b> <u>LD50000 35307</u>																													
<b>1. Limited Liability Company's Name</b> <b>RS/COLONY SOUTH GP, LLC</b>																													
<b>2. Principal Office Address - No P.O. Box #</b> <b>3510 S. Mooring Way</b> Suite, Apt. #, etc. City & State <b>Miami, FL</b> Zip <b>33133</b>		<b>3. Mailing Office Address</b> <b>3510 S. Mooring Way</b> Suite, Apt. #, etc. City & State <b>Miami, FL</b> Zip <b>33133</b>		<b>4. State/Country of Formation</b> <b>FL/USA</b> <b>5. Date Organized or Qualified To Do Business in Florida</b> <b>6. FEI Number</b> <b>7. CERTIFICATE OF STATUS DESIRE</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>																									
<b>B. Name and Address of Current Registered Agent</b> <b>M &amp; W Agents, Inc.</b> <b>2101 Corporate Blvd.</b> <b>Suite 107</b> <b>Boca Raton</b>				<input type="checkbox"/> <b>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.</b>																									
<b>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.</b> <b>Signature of Registered Agent</b> <u>[Signature]</u> <b>Date</b> <u>5/11/07</u> <b>REGISTERED AGENT MUST SIGN</b> <u>DONALD R. TESCHER, PRES.</u>																													
<b>10. Names and Street Addresses of Managing Members/Managers</b> <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Mgr</td> <td>Steven Shere</td> <td>3510 S. Mooring Way</td> <td>Miami, FL 33133</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Titles	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																
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Mgr	Steven Shere	3510 S. Mooring Way	Miami, FL 33133																										
<b>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.</b> <b>Signature of Managing Member/Manager</b> <u>[Signature]</u> <b>Date</b> <u>5/11/07</u> <b>Daytime Phone #</b> <u>305-3424063</u> <b>Typed or printed name of signing Managing Member/Manager</b> _____																													