


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 23 AM 9:22

|  |   |
|--|---|
| <b>DOCUMENT # L06000004210</b><br>1. Entity Name<br>RDW ENTERPRISES, LLC |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>800 FT. PICKINS ROAD<br>PENSACOLA BEACH, FL 32561 | Mailing Address<br>800 FT. PICKINS ROAD<br>PENSACOLA BEACH, FL 32561 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><b>16 Tristan Way</b> | 3. Mailing Address<br><b>16 Tristan Way</b> |
|---|---|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|   |   |
|---|---|
| City & State<br><b>Pensacola Beach FL</b> | City & State<br><b>Pensacola Beach FL</b> |
|---|---|

|                     |                       |                     |                       |
|---------------------|-----------------------|---------------------|-----------------------|
| Zip<br><b>32561</b> | Country<br><b>USA</b> | Zip<br><b>32561</b> | Country<br><b>USA</b> |
|---------------------|-----------------------|---------------------|-----------------------|



05082008 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE, SUITE 4  
 WESTON, FL 33331

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                    |  |  |
|------------------------------------|--|--|
| <b>FILE NOW!!! FEE IS \$277.50</b> | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | <b>Make check payable to<br/>Florida Department of State</b> |
|------------------------------------|--|--|

| 9. MANAGING MEMBERS / MANAGERS                     |   | 10. ADDITIONS / CHANGES                            |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>WINDLEY, RODNEY D<br>800 FT. PICKINS ROAD<br>PENSACOLA BEACH, FL 32561 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>16 Tristan Way</b><br><b>Pensacola Beach FL 32561</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center; font-size: small;">                         300129620793<br/>                         05/16/08--01008--002 **277.50                     </div> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

REINSTATEMENT

w/o/p 07-08

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Rodney D. Windley **Rodney D. Windley, MGRM** 770-850-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #