PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY	FLORIDA DEPARTMENT OF STATE Secretary of State	
REINSTATEMENT	DIVISION OF CORPORATIONS	FILED
DOCUMENT# L0600004912		10 MAR -3 PM 2:57
1. Limited Liability Company's Name RDBUR & RDB	II LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
		900171027909 03/02/1001040008 **277.50 CR2EC41 (11/09)
2. Principal Office Address - No P.O. Box # 2601 5. WOOD CAND BU	3. Mailing Office Address	4 State/Country of Formafide 1
Suite, Apr. #, etc.	Suite, Apt. #, etc.	4. State-Country of Formalign 1. State Coganized or Qualified
City & State	City & State	To Do Business in Florida 4 1 0
DELAND FL		6. Fig Number Applied For // Not Applicable
Zip Country VO LUSIA	Zip Country	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Name RALPH DE BONIS JR		ED A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable)		receive the prior notices. By checking this box, you are certifying the prior notices were
Suite, Apt. #, Etc.		not received and requesting the \$100 reinstatement be waived.
CITY DAYTONA BEACT	State Zip Code FL 32119	reinstatement og walved.
Signature of Registered Agent	we named limited liability company, am familiar with and	accept the obligations of Chapter 608, F.S. Date 2-25-20/0
10. Names and Street Addresses of Managing Mem	nbers/Managers	
Titles Name of Managing Members/Manage	Street Address of Each Managing Member/Mana	
V.P. RALPH DE DONIS	III 1158 VIKING D	R. S. DAYTONA, FL. 37129
_		
		, ЈВ
		REINSTATEMENT 2009-10
11. E-mail Address: (A & B D M 19 / Ka	(To be used for future annual report notification	rsi
filing this reinstatement application the reason for all fees owed by the limited liability company have	the receiver or trustee empowered to execute this applied dissolution has been eliminated, the limited liability compa been gald. The information indicated on this application in	cation as provided for in Chapter 608, F.S. I further certify that when any name satisfies the requirements of section 608.406, F.S., and that is true and accurate, and my signature shall have the same legal effect
Signature of Managing Member/Manager NAUH DE BONIS IN Date 2-15-10 Daytime Phone # 380-405-4029		