

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 OCT 15 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L06000121600

1. Limited Liability Company's Name

RVS Development Company, LLC

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

13006 Saint Filagree Dr.

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33579

Country

USA

3. Mailing Office Address

P.O. BOX 3577

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33568

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified To Do Business in Florida

12/2006

6. FEI Number

20-8141291

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  
Randall Sutton

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

13006 Saint Filagree Dr.

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33579

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

*Randall Sutton*

REGISTERED AGENT MUST SIGN

Date

10/8/08

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
Pres.	Randall Sutton	13006 Saint Filagree Dr.	Riverview, FL 33579

**REINSTATEMENT 08 ALC**

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

*Randall Sutton*

Date

10/8/08

Daytime Phone #

813-246-4900

Typed or printed name of signing Managing Member/Manager

Randall Sutton