

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

96 AR

APPROVED
AND
FILED
1996 NOV 20 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L95000000894**

**RS-DUSTY L.C.,
15051 PARKSIDE DRIVE S.W.,
UNIT NO 7
FORT MYERS, FL 33908**

1a. Principal Place of Business Address
**15051 PARKSIDE DRIVE
S.W.
UNIT NO 7
FORT MYERS FL 33908**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

2 Mailing Address
**15051-7 PARKSIDE DR
S.W.
7**

2a. Principal Place of Business
**DR. S.W.
15051 PARKSIDE
7**

3. Date Organized or Qualified
NOV-20-95

3a. State of Formation
FLORIDA

City & State
FORT MYERS (FL)

City & State
FORT MYERS (FL)

4. FEI Number
NONE

Applied For
 Not Applicable

Zip
33908

Country
U.S.A

Zip
33908

Country
U.S.A

5. Date of Last Report
MAY 27th 96

6. Certificate of Status Desired
SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent

**ANTHONY W. CAMPISANO
1800 SECOND STREET
SUITE 753
SARASOTA (FL 34236)**

8. Name and Address of New Registered Agent

Name
NONE
Street Address (P.O. Box Number is Not Acceptable)
NONE
Suite, Apt. #, etc.
NONE
City
NONE
Zip Code
FL NONE

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 **Sandra X. Slack** Date **17th OCT 1996**
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MANAGING MEMBER	SANDRA FLACK	15051 PARKSIDE DRIVE, S.W SUITE 7	1. FORT MYERS FLORIDA 33908 200002011842--6 -11/22/96--01004--023 *****8.75 *****8.75
	RAJNIRANT PATEL	215051 PARKSIDE DRIVE, S.W SUITE 7	2 FORT MYERS FLORIDA 33908

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 **Sandra X. Slack** Date **17th OCT 96** Daytime Phone # **1-800-444-6795**

Typed or printed name of signing Managing Member/Manager **SANDRA FLACK** #105