


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

LIMITED LIABILITY COMPANY REINSTATEMENT 2001 U.B.R.		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 OCT 31 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 1. Limited Liability Company's Name L99-2260 RDT, LLC					
2. Principal Office Address 1850 Cadence Ct. Suite, Apt. #, etc.		3. Mailing Office Address 1850 Cadence Ct. Suite, Apt. #, etc.		4. State/Country of Formation Florida / USA	
City & State Chuluota, FL. Zip 32766 Country USA		City & State Chuluota, FL. Zip 32766 Country USA		5. Date Organized or Qualified To Do Business in Florida 4/19/99	
				6. FEI Number 59-3572014 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Ronald A. Smith					
Street Address (P.O. Box Number is Not Acceptable) 1850 Cadence Ct.					
Suite, Apt. #, Etc.					
City Chuluota, State FL Zip Code 32766					
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 Ronald A. Smith Date 10/29/01 REGISTERED AGENT MUST SIGN					
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		
Mr.	Ronald A. Smith	1850 Cadence Ct.	Chuluota, FL. 32766		
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 Ronald A. Smith Date 10/29/01 Daytime Phone # 407-366-9912					
Typed or printed name of signing Managing Member/Manager Ronald A. Smith					

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