

Aug-10-05 05:24pm From-

T-718 P.03/03 F-849

Aug-08-05 03:39pm From-

T-870 P.02/02 F-544

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 05 AUG 11 PM 12:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L99000009041

1. Limited Liability Company's Name

RO-DALE INVESTMENTS, L.C.

03

MK

2. Principal Office Address

5201 VILLAGE BLVD.

3. Mailing Office Address

5201 VILLAGE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified To Do Business in Florida

12/21/1999

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

6. FEI Number

65-0968947

Applied For

Not Applicable

Zip

33407

Country

U.S.A.

Zip

33407

Country

U.S.A.

7. CERTIFICATE OF STATUS DESIRED

See 608.406, F.S. for requirements for a Certificate of Status.

8. Name and Address of Current Registered Agent

Name

ROBERT NEEDLE

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

5201 VILLAGE BLVD.

500058475335

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33407

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/8/05

10. Names and Street Addresses of Managing Members/Managers

Type	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	NEEDLE, ROBERT	5201 VILLAGE BLVD.	WEST PALM BEACH, FL 33407
MGRM	SCHACHT, DALE	9294 HEATHRIDGE DRIVE	WEST PALM BEACH, FL 33411
MGRM	NEEDLE, DAVID TRUSTEE	5201 VILLAGE BLVD.	WEST PALM BEACH, FL 33407

REINSTATEMENT 2003-2005

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

[Signature]

Date

8/8/05

Daytime Phone # 561.887.1901

Typed or printed name of signing Managing Member/Manager ROBERT NEEDLE

000334 (10/02)



L99000009041

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 535622 10463A

AUTHORIZATION : *Patricia Project*

COST LIMIT : \$ 250.00

ORDER DATE : August 11, 2005

ORDER TIME : 8:54 AM

ORDER NO. : 535622-005

CUSTOMER NO: 10463A

CUSTOMER: Ms. Larissa K. Lincoln  
Cohen Norris Scherer  
Suite 400  
712 U.s. Highway 1  
North Palm Bch, FL 33408-7146

*ML*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: RO-DALE INVESTMENTS, L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 2951

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
05 AUG 11 AM 10:49  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA