

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								FILED 2004 SEP 10 P 3: 19				
DOCUMENT # M02000001834 1. Limited Liability Company's Name Radcliffe Development Company, LLC							SECRETARY OF STATE TALLAHASSEE, FLORIDA					
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2. Principal 495 Sc		gh Street	3. Mailing Off	3. Mailing Office Address			4. State/Country of Formation					
Suite, Apt. #,	t, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			Ohio 5. Date Organized or Qualified To Do Business in Florida 07/15/02					
City & State Colum	ibus, Ol	nio	City & State	City & State			6. FEI Number	Number 030467875 Applied For Not Applicable				
Zip 43215			Zip		Country		7.	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee requirements for a Certificate of State			required	
	8. Name and Address of Current Registered Agent											
	Robert L. Flynt											
	Street Address (P.O. Box Number is Not Acceptable) 2424 Curlew Road										·	
	Suite, Apt. #, Etc.											
	City Palm Harbor						State Zip Code 34683					
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 Page Sept 07 REGISTERED AGENT MUST SIGN										CR2E041 (10/02)		
10. Name	es and Street	Addresses of Managing N										
Titles	Name of Managing Members/ Managers			Street Address of Eac Managing Member/Man								
MGRM	Robert L. Flynt		,	2424 Curlew Road			Palm Harbor, FL 34683					
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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 filling 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 Date D												
Typed or printed name of signing Managing Member/Manager Robert L. Flynt, Managing Member Robert L. Flynt, Managing Member												