

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MD500003652

1. Limited Liability Company's Name

RPG PONTE VEDRA LLC

REINSTATEMENT 11-12

2. Principal Office Address - No P.O. Box # 234 Morrell Road		3. Mailing Office Address 234 Morrell Road	
Suite, Apt. #, etc. Suite 191		Suite, Apt. #, etc. Suite 191	
City & State Knoxville, TN		City & State Knoxville, TN	
Zip	Country	Zip	Country
37919	USA	37919	USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 10/07/2005	
6. FEI Number 203560893	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

E-mail Address:
H.Primer@RenaissancePG.com
(To be used for future annual report notices)

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] Nathan S. Giffin Asst. Secretary Date 9/7/12

10. Names and Business Addresses of Managing Members/Managers

Type	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	RenaissancePG Inc.	234 Morrell Road Suite 191	Knoxville, TN 37919

11. I certify that I am managing member/manager of the receiver or trustee responsible 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. I declare that this information submitted in a document to the Department of State constitutes a United degree felony as provided for in s.817.106, F.S.

Signature of Managing Member/Manager [Signature] Date 9/6/2012 Daytime Phone # 865.599.6730

Typed or printed name of Managing Member/Manager Howard S. Primer

Florida Department of State
Division of Corporations
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RPG PONTE VEDRA LLC

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