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LIMITED LIABILITY COMPANY REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # L02000031490****1. Limited Liability Company's Name****R & R VALENCIA 44, LLC.****REINSTATEMENT****2. Principal Office Address****4656 SW Honey Terrace**

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

County

3. Mailing Office Address**4656 SW Honey Terrace**

Suite, Apt. #, etc.

City & State

Palm City, FL

Zip

County

4. State/Country of Formation**USA****5. Date Organized or Qualified To Do Business in Florida****11/22/02****6. FEI Number****20-0441491**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Alan I. Armour II

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

1645 Palm Beach Lakes Blvd.

Suite, Apt. #, Etc.

Suite 1200

City

West Palm Beach

State

FL

Zip Code

33401**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**Alan I. Armour II**

REGISTERED AGENT MUST SIGN

Date

12/03/03**10. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
Managing Member	Robert, Marc	4656 SW Honey Terrace	Palm City, FL 34990
Managing Member	Schwartz, Robert	4656 SW Honey Terrace	Palm City, FL 34990

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 satisfied 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

December 3, 2003

Daytime Phone

(561) 686-3307

Typed or printed name of signing Member/Manager

Alan I. Armour II, Authorized Representative

Florida Department of State
Division of Corporations
Public Access System

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Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561) 686-3307
Fax Number : (561) 686-5442

LIMITED LIABILITY REINSTATEMENT

R&R VALENCIA 44, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$150.00

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