

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 MAR 10 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000000700

1. Limited Liability Company's Name

RIALS LLC

2. Principal Office Address

7232 SW 122 Court

Suite, Apt. #, etc.

3. Mailing Office Address

7232 SW 122 Court

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33183

Country

USA

Zip

33183

Country

USA

300043067983

11/30/04 01052 014 \$150.00

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/19/00

6. FEI Number

59-4052916

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

Ricardo Fraga

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

7232 SW 122 Court

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33183

900048399669
03/15/05 01009-008 \$50.00

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 **2/15/05**

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
MGRM	Lucy Fraga	7232 SW 122 Court	Miami, FL 33183

REINSTATEMENT 2004-2005

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 **3/9/05**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)