

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 19 AM 9:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 000000001185

1. Limited Liability Company's Name
RAE HOLDINGS, LLC

400007385264--2
-09/24/02--01044--003
****200.00 ****200.00

2. Principal Office Address

14970 BEL AIRE DRIVE SOUTH

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33027

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 02/02/2000

6. FEI Number

☒ 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

ESTEBAN CARLOS MELLINI

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

14970 BEL AIRE DRIVE SOUTH

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33027

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

REGISTERED AGENT MUST SIGN

Date

09/18/02

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
MTS	ESTEBAN MELLINI	14970 BEL AIRE DRIVE SOUTH	PEMBROKE PINES, FL 33027

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager