

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 29 AM 11:01

DOCUMENT # L 00000011400

1. Limited Liability Company's Name

Riverwhite, L.L.C.

2. Principal Office Address

3301 Ponce de Leon BLVD

Suite, Apt. #, etc.

200

City & State

Coral Gables, FL

Zip

33134

Country

3. Mailing Office Address

3301 Ponce de Leon BLVD

Suite, Apt. #, etc.

200

City & State

Coral Gables, FL

Zip

33134

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

75-3199430

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

Sofia del Pilar Hasbun

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

3301 Ponce de Leon BLVD

Suite, Apt. #, Etc.

200

City

Coral Gables

State

FL

Zip Code

33134

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

8/24/05

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
MEM	Jose C. Reyes	3301 Ponce de Leon BLVD Ste 200 Coral Gables FL	33134
			300059786033 05/20/05 81852 013 ***250.00
			REINSTATEMENT 03-05

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

8/24/05

Daytime Phone #

Typed or printed name of signing Managing Member/Manager