

PLEASE PRINT OR TYPE IN BLOCK LETTERS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900023744209
10/13/03--01023--009 **150.00

DOCUMENT # L000000 12754

1. Limited Liability Company's Name

RA VENTURES XI, LLC

2. Principal Office Address

533 S. Howard Ave

Suite, Apt. #, etc.

PMB #853

City & State

TAMPA, FL

Zip

33606

Country

USA

3. Mailing Office Address

533 S. Howard Ave

Suite, Apt. #, etc.

PMB #853

City & State

TAMPA, FL

Zip

33606

Country

USA

4. State/Country of Formation

FLORIDA / HILLSBOROUGH

5. Date Organized or Qualified
To Do Business in Florida

10/19/00

6. FEI Number

593 678010

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

RIVERSON S. LEONARD

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

533 S. Howard Ave

Suite, Apt. #, Etc.

PMB #853

City

TAMPA

State
FL

Zip Code

33606

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

10/6/03

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	RIVERSON S. LEONARD	533 S. HOWARD AVE, PMB #853	TAMPA, FL, 33606

REINSTATEMENT 2003

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

10/6/03

Daytime Phone #

727 489088

Typed or printed name of signing Managing Member/Manager

RIVERSON S. LEONARD MEM

CR25041 (10/02)