

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

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DOCUMENT # L00000015219

1. Limited Liability Company's Name

RENGAROBERTS

2. Principal Office Address

12601 N.W. 19TH AVE.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33167

Country

U.S.A

3. Mailing Office Address

790 N.E 160th Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33161

Country

U.S.A

CR2E041 (8/05)

4. State/Country of Formation
Florida/U.S.A

5. Date Organized or Qualified
To Do Business in Florida

12-11-2000

6. FEI Number

65-1070471

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

Agnetta Richards

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

790 N.E 160th Terrace

Suite, Apt. #, Etc.

City

Miami, Florida

State

FL

Zip Code

33161

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

Agnetta Richards
REGISTERED AGENT MUST SIGN

Date

8/29/06

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
P	Agnetta Richards	790 NE 160th TERRACE	
		MIAMI FL 33161	
		U.S.A.	100079726711 09/12/06--01058--011 **375.00
			REINSTATEMENT 02-06

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

Agnetta Richards

Date

8/29/06

Daytime Phone # 954-471-8907

Typed or printed name of signing Managing Member/Manager

Agnetta Richards