

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

02 FEB 28 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000016344

1. Limited Liability Company's Name
RKT MANAGEMENT GROUP, LLC

REINSTATEMENT 2001-2002

2. Principal Office Address 910 Lincoln Road Suite, Apt. #, etc.		3. Mailing Office Address 910 Lincoln Road Suite, Apt. #, etc.	
City & State Miami Beach, Florida		City & State Miami Beach, Florida	
Zip 33139	Country USA	Zip 33139	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/29/2000	
6. FEI Number 91-2098724	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Jonathan D. Beloff, Esq.	600005044178--9
Street Address (P.O. Box Number is Not Acceptable) Beloff & Schwartz, 1111 Lincoln Road	-03/05/02--01063--002 ****50.00 ****50.00
Suite, Apt. #, Etc. Suite 400	
City Miami Beach	State FL
	Zip Code 33139

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 Jonathan D. Beloff Date 2-26-02
REGISTERED AGENT MUST SIGN

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	Robert Rifkin	3605 S. Tamarac Drive	Denver, CO 80237
MGRM	David I. Tornek	3605 S. Tamarac Drive	Denver, CO 80237
MGRM	Gerald N. Kernis	3605 S. Tamarac Drive	Denver, CO 80237
			600005044178--9 -03/05/02--01063--003 ****155.00 ****105.00

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 David I. Tornek Date 2/26/02 Daytime Phone# 305-695-7777
Typed or printed name of signing Managing Member/Manager David I. Tornek

CR2E041 (9/01)