

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:05

DOCUMENT # L01000006446

1. Limited Liability Company's Name

RENCHAN ENTERPRISES LIMITED LIABILITY COMPANY

800080312443  
09/29/06--01063--011 \*\*150.00  
CR2E041 (8/05)

2. Principal Office Address

842 NE 121 ST

3. Mailing Office Address

842 NE 121 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BISCAYNE PARK FL

City & State

BISCAYNE PARK FL

Zip

33161

Country

US

Zip

33161

Country

US

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

04/25/2001

6. FEI Number

65-1110010

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

PETER DIPNARINE

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

842 N.E. 121 ST

Suite, Apt. #, Etc.

City

BISLAYNE PARK

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

Date

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
<u>P</u>	<u>PETER DIPNARINE</u>	<u>842 NE 121 ST</u>	<u>BISCAYNE PARK FL 33161</u>

REINSTATEMENT 04-06

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

Date

Daytime Phone #

786 285-4492

Typed or printed name of signing Managing Member/Manager

PETER DIPNARINE

September 18, 2006

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:05

Peter Dipnarine  
842 N.E. 121 St.  
Biscayne Park FL 33161

Division of Corporation  
Registration Section  
P.O. Box 6327  
Tallahassee FL 32314

Re: Renchan Enterprises LLC

To Whom It May Concern:

I am currently updating my records for my company and it has come to my attention that my filings are not current. This is due to the fact that I had not received any correspondence from you in regard to filing timely. I would like to file for my past due years and become current. I am enclosing filing fees for three missed period and request a waiver on the late fees due to the explanation given

Any further information regarding this request can be directed to my attention at the above address.

Sincerely



Peter Dipnarine