

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 FEB 10 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJM**

2/10 2002-2003-2004

**DOCUMENT # L01000007810**

**1. Limited Liability Company's Name**  
RHINO GROUP, LC

<b>2. Principal Office Address</b> 10350 W. Bay Harbor Drive Suite, Apt. #, etc. Apt. 2R City & State Miami, FL Zip 33154-1234 Country U.S.		<b>3. Mailing Office Address</b> 10350 W. Bay Harbor Drive Suite, Apt. #, etc. Apt. 2R City & State Miami, FL Zip 33154-1234 Country U.S.	
--	--	--	--

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 05/17/2001	
<b>6. FEI Number</b>	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

**8. Name and Address of Current Registered Agent**

<b>Name</b> Hernan Villa-Valencia	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 10350 W. Bay Harbor Drive 600029262306	
<b>Suite, Apt. #, Etc.</b> Apt. 2R 02/23/04--01088--002 **250 00	
<b>City</b> Miami	<b>State / Zip Code</b> FL 33154-1234

**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] Date 2.10.04  
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
MGR	Hernan Villa-Valencia	10350 W. Bay Harbor Drive, Apt. 2R	Miami, FL 33154-1234
MGR	Eduardo Villa-Serna	10350 W. Bay Harbor Drive, Apt. 2R	Miami, FL 33154-1234

**REINSTATEMENT**

2002-  
2003-2004

**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 2.10.04 Daytime Phone # (305) 866-2152

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_

CR2E041 (10/02)