

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVE
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 17 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

RB INTERNATIONAL LLC

L01000012891

REINSTATEMENT

2002-
2004

Bent Cypress Rd
Bent Cypress Rd

2. Principal Office Address
Bent Cypress Rd

3. Mailing Office Address
Bent Cypress Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Wellington, FL

City & State
Wellington, FL

Zip Country
33414 USA

Zip Country
33414 USA

300036523823
05/17/04--01081--009 **250.00

4. Date Incorporated or Qualified
To Do Business in Florida August 1, 2001

5. FEI Number
EIN 65-1137158

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Randolph Browning

Street Address (P.O. Box Number is Not Acceptable)
3000 Bent Cypress Road

Suite, Apt. #, Etc.

City
Wellington

State Zip Code
FL 33414

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

R Browning

Date 5-13-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director	Randolph Browning	3000 Bent Cypress Rd	Wellington, FL 33414

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

R Browning

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-04

Date

561
791 2151

Daytime Phone #

CR2081 (01/04)