FROM : [illegible] NO. [illegible] 2002 [illegible] AM [illegible]

L01000013568

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 FEB -3 PM 1:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

400011623424

2/3 2002-2003

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000013568

1. Limited Liability Company's Name

RHINO, L.L.C.

2. Principal Office Address	3. Mailing Office Address
1172 South Dixie Highway	Same
Suite, Apt. #, etc. Suite # 511	Suite, Apt. #, etc.
City & State CORAL GABLES, FL	City & State
Zip 33146 / Country U.S.A.	Zip / Country

4. State/Country of Formation: FL, U.S.A.

5. Date Organized or Qualified To Do Business in Florida: 08/13/2001

6. FEI Number: None — ☐ 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: Rebecca Lindo

Street Address (P.O. Box Number is Not Acceptable): 13876 S.W. 56th St.

Suite, Apt. #, Etc.: #170

City: Miami State: FL Zip Code: 33175

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 1/31/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
M Mr.	Victor Alfred	13876 SW 56th St #170	Miami FL 33175
M Mrs.	Magdalene Letang	"	"
M Ms.	Rebecca Lindo (member)	"	"

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 1/31/03 Daytime Phone# 305-975-5144

Typed or printed name of signing Managing Member/Manager: Mr. Victor Alfred

CORPORATION SERVICE COMPANY™

2 of 2

ACCOUNT NO. : 072100000032

REFERENCE : 916783 7366145

AUTHORIZATION : Patricia Pyfrom

COST LIMIT : $ 205.00

ORDER DATE : February 3, 2003

ORDER TIME : 11:31 AM

ORDER NO. : 916783-005

CUSTOMER NO: 7366145

CUSTOMER: Mr. Victor Alfred
Rhino, L.l.c.
Suite 511
1172 South Dixie Highway
Coral Gables, FL 33146

DOMESTIC FILINGS

NAME: RHINO, L.L.C.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____

RECEIVED
03 FEB -3 PM 12:59
DIVISION OF CORPORATION