

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM.

APPLICATION FOR REINSTATEMENT
JIM SMITH
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 29 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000019862

Name and Mailing Address

0008504 01 FP 0.352 **PRSRH H6 0 0615 33134-520841



RENE VENTURES, LLC
141 GIRALDA AVE.
CORAL GABLES FL 33134-5208



2. New Mailing Address

City, State, Zip

Principal Place of Business

141 GIRALDA AVE.
CORAL GABLES FL 33134

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified -
To Do Business in Florida

11/16/2001

6. FEI Number

52-2359027

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

HATTON, DAVID L
2250 S.W. 3RD AVE., 5TH FLOOR
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name

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

REINSTATEMENT 2002
FL Zip Code

10. 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

David L. Hatton

Date 10/24/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LEAL, EDGAR	141 GIRALDA AVE.	CORAL GABLES FL 33134

800008666008
10/29/02--01069--006 **150.00

10/29 must

12. 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

E. L. Leal

Date 10/24/02

Daytime Phone # 305-445-1001

Typed or printed name of signing Managing Member/Manager