

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATION

1. DOCUMENT # L01000020281

Name and Mailing Address

0001677 01 FP 0.352 **PRSR T6 0 0615 33122-102733



R S BOULEVARD, LLC
3533 NW 82 AVE
MIAMI FL 33122-1027

US

FILED
02 NOV - 5 AM
11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
3. New Principal Place of Business Address City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/26/2001	
Principal Place of Business 3533 NW 82 AVE MIAMI FL 33122 US		6. FEI Number 65-1153704	Applied For Not Applicable
8. Name and Address of Current Registered Agent OVIES, IDA C 2307 DOUGLAS RD 400 MIAMI FL 33145		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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: <i>Ida C. Ovies</i> Date: 10/31/02 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	RUBEN, ERNESTO	3533 NW 82 AVE	MIAMI FL 33122
MGR	SANNA, ANTONIO	3533 NW 82 AVE	MIAMI FL 33122
900008814189 11/05/02--01108--009 **150.00			
REINSTATEMENT 2002 BK			

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: *[Signature]* Date: 10/31/02 Daytime Phone #

Typed or printed name of signing Managing Member/Manager