

L01000021138

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -2 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021138

1. Limited Liability Company's Name

New Urban/RFC Developers, LLC

300015047423
04/02/03--01004--009 **200.00

2. Principal Office Address

398 N.E. 6th Avenue

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33483

Country

USA

3. Mailing Office Address

398 N.E. 6th Avenue

Suite, Apt. #, etc.

City & State

Delray Beach, FL

Zip

33483

Country

USA

4. State/Country of Formation

Florida

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

12/6/01

6. FEI Number

04-3675530

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

Kevin Rickard

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

398 N.E. 6th Avenue

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

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]
REGISTERED AGENT MUST SIGN

Date 3-6-03

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	Kevin Rickard	398 N.E. 6th Avenue	Delray Beach, FL 33483

REINSTATEMENT 03-03
dec

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 3-6-03

Daytime Phone# 561-279-8700

Typed or printed name of signing Managing Member/Manager

Kevin Rickard

CR2EM1 (10/02)