PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 23 AM 10:26

DOCUMENT # L02000006140

1. Limited Liability Company's Name
REDSTAR PROFESSIONAL SERVICES, LLC.

2. Principal Office Address		**3.** Mailing Office Address	
1313 Southwest 27th Avenue		1313 Southwest 27th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite C		Suite C	
City & State		City & State	
Coral Gables, FL		Coral Gables, FL	
Zip	Country	Zip	Country
33145	USA	33145	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 3/14/2002

6. FEI Number 33-1000044 ☐ 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: Steven C. Cronig c/o Baker & Cronig LLP.

Street Address (P.O. Box Number is Not Acceptable): 3250 Mary Street

REINSTATEMENT 03-05

Suite, Apt. #, Etc.: Suite 307

City: Coconut Grove | State: FL | Zip Code: 33133

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 _____ Date 5/16/2005
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
MGRM	David Cabrera	1313 Southwest 27th Ave., Suite C	Coral Gables, FL 33145
MGRM	Mario Treto	1313 Southwest 27th Ave., Suite C	Coral Gables, FL 33145

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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 608.408, 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 _____ Date 5/16/05 Daytime Phone # 305-644-7979

Typed or printed name of signing Managing Member/Manager Mario Treto, Managing Member