

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 10 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000008238

1. Limited Liability Company's Name

R.G.J.R. INVESTMENTS, LLC

2. Principal Office Address

7240 N.W. 12th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33126

Country

U.S.

3. Mailing Office Address

7240 N.W. 12th Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33126

Country

U.S.

4. State/Country of Formation

Florida

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

April 8, 2002

6. FEI Number

20-0815468

☒ 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

Corporate International Registered Agents, Inc.

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

200 South Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 4100

City

Miami

State

FL

Zip Code

33131

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

3/5/04

REGISTERED AGENT MUST SIGN

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
Mbr	Raul Gutierrez	7240 NW 12th Street	Miami, FL 33126

100030682921

03/18/04-01012-005 **150.00

100030682921

03/18/04-01012-006 **50.00

REINSTATEMENT 2003-2004

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

Date

3/5/04

Daytime Phone #

305-592-4510

Typed or printed name of signing Managing Member/Manager

Raul Gutierrez