

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 25 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L02 0000 12007

1. Limited Liability Company's Name

RMR HOLDINGS, L.C.

2. Principal Office Address

2482 S.W. 137th AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33194

Country

3. Mailing Office Address

2482 S.W. 137th AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33194

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

05/13/2002

6. FEI Number

20-2707075

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

ROZENCWAIG & FERRERO-CARR

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

301 W. HALLANDALE BEACH BLVD

Suite, Apt. #, Etc.

City

HALLANDALE BEACH

State

FL

Zip Code

33009

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

REGISTERED AGENT MUST SIGN

Date 4/21/05

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	RAMON A. RODRIGUEZ	2482 S.W. 137th AVENUE	MIAMI, FLORIDA 33194
MGR	MARGARITA RODRIGUEZ	2482 S.W. 137th AVENUE	MIAMI, FLORIDA 33194
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			2003-2005

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this reinstatement application. 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 4/21/05

Daytime Phone#

Typed or printed name of signing Managing Member/Manager