

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 Country  
**33194**

3. Mailing Office Address  
**2482 S.W. 137th AVENUE**

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

Zip Country  
**33194**

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  Date 4/21/05

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
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 under 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 4/21/05 Daytime Phone# \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_