

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 09 OCT 23 AM 10:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L02000015162

1. Limited Liability Company's Name

Risk Control Consultants, LLC

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700162072797 10/23/09--01024--013 **277.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

15621 SW 31st Lane

Suite, Apt. #, etc.

3. Mailing Office Address

15621 SW 31st Lane

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami Dade County

Zip

33185

Country

Miami Dade County

Zip

33185

Country

Miami Dade County

4. State/Country of Formation

Miami, Florida

5. Date Organized or Qualified

To Do Business in Florida 6/18/02

6. FEI Number

421570125

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 Orfilio Borrego

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

15621 SW 31st Lane

Suite, Apt. #, Etc.

City Miami

State FL

Zip Code 33185

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Orfilio Borrego

REGISTERED AGENT MUST SIGN

Date 10-16-09

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGRM, Orfilio Borrego, 15621 SW 31st Lane, Miami, Florida 33185. Large handwritten text: REINSTATEMENT Without Penalty 2008-2009 up 10/28/09

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

Orfilio Borrego

Date 10-16-09 Daytime Phone# 305-710-8556

Typed or printed name of signing Managing Member/Manager