

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Glen E. Felt
 Secretary
 CORPORATION

L02000024416

FILED

03 OCT 24 PM 2:07

1. DOCUMENT # L02000024416

Name and Mailing Address

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

0007300 01 AT 0.292 **AUTO T7 0 0615 33173-326225

RB-1, LLC

9240 SUNSET DRIVE, SUITE 100
 MIAMI FL 33173-3262



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/19/2002	
Principal Place of Business 9240 SUNSET DRIVE, SUITE 100 MIAMI FL 33173	3. New Principal Place of Business Address	6. FEI Number 51-0427584	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent BENITEZ, ROLANDO 9240 SUNSET DRIVE, SUITE 100 MIAMI FL 33173	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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

SIGNATURE REQUIRED

Date 10-23-3

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BENITEZ, ROLANDO	9240 SUNSET DRIVE, SUITE 100	MIAMI FL 33173

800024422778
 11/04/03--01066--016 **150.00

REINSTATEMENT

03
 [Signature]

12. 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

SIGNATURE REQUIRED

Date 10-23-3

Daytime Phone # (305) 992 6080

Typed or printed name of signing Managing Member/Manager

Rolando Benitez

CR2E034 (7/03)