


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 NOV 10 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000026358		
1. Entity Name RHEINBACH & CO., LLC		

Principal Place of Business 2971 SW 2ND AVENUE MIAMI, FL 33129	Mailing Address 2971 SW 2ND AVENUE MIAMI, FL 33129
--	--

2. Principal Place of Business 1653 NW 79 Ave. Suite, Apt. #, etc.	3. Mailing Address 1653 NW 79 Ave. Suite, Apt. #, etc.
--	--

City & State Miami, FL	City & State Miami, FL
Zip 33126	Country
Zip 33126	Country



10252004 REIN-LLC CR2E101 (6/04)

4. FEI Number 33-1025143	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RHEINBOLT, ROBIN M 2971 SW 2ND AVENUE MIAMI, FL 33129	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1653 NW 79 Ave. City Miami FL Zip Code 33126
--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.


SIGNATURE  DATE Oct. 25, 2004

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RHEINBOLT, ROBIN M 2971 SW 2ND AVENUE MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1653 NW 79 Ave. Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RHEINBOLT, SILVIA MARIA 2971 SW 2ND AVENUE MIAMI, FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1653 NW 79 Ave. Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000042632880 11/10/04--01027--007 ***50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE Oct. 25, 2004 DAYTIME PHONE # 305.496.9440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE