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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000031490**

1. Limited Liability Company's Name

R & R VALENCIA 44, LLC.

REINSTATEMENT 2003

2. Principal Office Address	**3.** Mailing Office Address	**4.** State/Country of Formation
4656 SW Honey Terrace	**4656 SW Honey Terrace**	**USA**
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**5.** Date Organized or Qualified To Do Business in Florida: **11/22/02**
City & State: **Palm City, FL**	City & State: **Palm City, FL**	**6.** FEI Number: **20-0441491** ☐ Applied For ☐ Not Applicable
Zip / County	Zip / County	**7.** CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: **Alan I. Armour II**

Street Address (P.O. Box Number is Not Acceptable): **1645 Palm Beach Lakes Blvd.**

Suite, Apt.#, Etc.: **Suite 1200**

City: **West Palm Beach** State: **FL** Zip Code: **33401**

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: [signature] Alan I. Armour II — REGISTERED AGENT MUST SIGN — Date: **12/03/03**

10. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
Managing Member	Robert, Marc	4656 SW Honey Terrace	Palm City, FL 34990
Managing Member	Schwartz, Robert	4656 SW Honey Terrace	Palm City, FL 34990

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 satisfied the requirements of section 608.406, F.S., and that all fees owned 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] Date: **December 3, 2003** Daytime Phone #: **(561) 686-3307**

Typed or printed name of signing Member/Manager: Alan I. Armour II, Authorized Representative

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LIMITED LIABILITY REINSTATEMENT

R&R VALENCIA 44, LLC

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