FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 10 AM 9:53

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000031979

1. Limited Liability Company's Name
RACE HYPE LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
12150 SW 132Ct	12150 SW 132Ct
Suite, Apt. #, etc.: Suite # 207	Suite, Apt. #, etc.: Suite # 207
City & State: Miami FL	City & State: Miami FL
Zip: 33186 Country: USA	Zip: 33186 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ 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: Luis Ariel Espinoza

Street Address (P.O. Box Number is Not Acceptable): 3821 Harlano St

Suite, Apt. #, Etc.:

City: Coral Gables FL | State: FL | Zip Code: 33134

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] Date: 7/1/06
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	Luis A Espinoza	3821 Harlano st	Coral Gables Fl 33134
MGR	Rafic Muci	3821 Harlano st	Coral Gables Fl 33134

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REINSTATEMENT 03-06

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 608.408, 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] Date: 7/1/06 Daytime Phone#: 305-502-7030

Typed or printed name of signing Managing Member/Manager: