

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 27 PM 4:18

DOCUMENT # L03000005655

1. Limited Liability Company's Name
R&A Properties, LLC

500118951535
02/27/08--01039--004 **277.50

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 10 Edgewater Drive		3. Mailing Office Address 10 Edgewater Drive	
Suite, Apt. #, etc. 10C		Suite, Apt. #, etc. 10C	
City & State Coral Gables		City & State Coral Gables	
Zip 33133	Country USA	Zip 33133	Country USA

4. State/Country of Formation
FL

**5. Date Organized or Qualified
To Do Business in Florida** 02-14-03

6. FEI Number 76-0726213 ☐ 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
Lawrence S. Cohan

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

Suite, Apt. #, Etc.
10C

City
Coral Gables

State
FL

Zip Code
33133

☒ 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

REGISTERED AGENT MUST SIGN

Date Jan. 20, 2008

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
MGRM	Lawrence S. Cohan	10 Edgewater Drive 10C Coral Gables, FL 33133	Coral Gables, FL 33133

REINSTATEMENT

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

Date 1-20-08

Daytime Phone# (305) 663-3182

Typed or printed name of signing Managing Member/Manager

Lawrence S. Cohan