

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 30 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 0300000 8663

1. Limited Liability Company's Name

R2N Investments, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

13747 SW 30 St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

33175

Zip

33175

Country

USA

Zip

Country

4. State/Country of Formation

Florida / USA

**5. Date Organized or Qualified
To Do Business in Florida**

3/10/2003

6. FEI Number

77-0601963

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

Bertz M Sanders, CPA

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

9550 NW 77 Avenue

Suite, Apt. #, Etc.

Suite 3

City

Hialeah Gardens, FL

State

FL

Zip Code

33016

☒ 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

4/13/07

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 |
|-----------|--------------------------------------|---|--------------------------------------|
| <u>MR</u> | <u>Ricardo Zaldivar</u> | <u>13747 SW 30 Street</u> | <u>Miami FL 33175</u> |
| | | | <u>300102526893</u> |
| | | | <u>05/15/07--01039--009 **100.00</u> |
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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

Ricardo Zaldivar

Date

4/13/07

Daytime Phone #

325-512-3782

Typed or printed name of signing Managing Member/Manager