PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 15 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300136439913
09/29/08--01066--013 **416.25

CR2E041 (12/07)

DOCUMENT # L03000020925

1. Limited Liability Company's Name

RONDAL, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8852 SW 18TH ROAD	8852 SW 18TH ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33433 Country: USA	Zip: 33433 Country: USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 06/10/2003

6. FEI Number: 80-0076293 ☐ 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: WILLIAM RABON

Street Address (P.O. Box Number is Not Acceptable): 8852 SW 18TH ROAD

Suite, Apt. #, Etc.

City: BOCA RATON State: FL Zip Code: 33433

☑ 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: William Rabon William Rabon Date: 9/25/08

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
MGRM	WILLIAM RABON	8852 SW 18TH ROAD	BOCA RATON, FL 33433
			300137109313 10/21/08--01007--003 **138.75
	REINSTATEMENT 05-08		
			W08000041022

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: William Rabon Date: 9/25/08 Daytime Phone #: 561-395-1926

Typed or printed name of signing Managing Member/Manager: WILLIAM RABON