

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000021382

1. Limited Liability Company's Name

RITIN, LLC

FILED

07 JAN 11 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

2. Principal Office Address
4119 SAPHIRE BEND

Suite, Apt. #, etc.

City & State
WESTON FL

Zip
33331

Country
US

3. Mailing Office Address
4119 SAPHIRE BEND

Suite, Apt. #, etc.

City & State
WESTON FL

Zip
33331

Country
US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida
06/12/2003

6. FEI Number

☒ Applied For
☐ Not Applicable

8. Name and Address of Current Registered Agent

Name

INO HALEGUA

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

6920 NERVIA ST

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code

33146

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 ☒

INO HALEGUA

Date **1-3-2007**

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	INO HALEGUA	4119 SAPHIRE BEND	WESTON FL 33331
MGR	RITA RODRIGUEZ	4119 SAPHIRE BEND	WESTON FL 33331

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 **1-3-2007**

Daytime Phone # **305 667 6920**

Typed or printed name of signing Managing Member/Manager **INO HALEGUA**

DATE: 1-3-2007

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: RITIN, LLC
INO HALEGUA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BR

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005 AND 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALT.Y.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 305 667 6920.

THANKS,

RITIN, LLC
INO HALEGUA

[Signature]