## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	98 1 SECT TALL
DOCUMENT # L 030000 28996		NOV FI
1. Limited Liability Company's Name		SS 2 F
RAB, LLC		m 6A
		5001381€79€90 11/21/08010195∰1 <u>*</u> *277.50
C. Division Office Address No.D.O. Pour#	2 Alexander Address	CR2E041 (10/08)
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	A Court Country of Formation
96 CEDAR DUNES D. Suite, Apt. #, etc.	96 CEOAR DUNES DE. Suite, Apt. #, etc.	4. State/Country of Formation FLO RIDH - USH
Suite, Apr. w, etc.	Sure, Apr. 4, etc.	5. Date Organized or Qualified /
City & State	City & State	To Do Business in Florida 7/3//2003
WeW SMYRNA BEACH, FL.	New SMXRNA BENEH FL.	6. FEI Number Applied For Not Applicable
Zip Country	32/69 VOLUSIA	7. SS 00 Additional Fee required
32/69 VOLWIA		for a Certificate of Status
8. Name and Address of Current Registered Agent		
RICHARD CARLO		A \$100 reinstatement fee is imposed, except in circumstances which the entity did not
Street Address (P.O. Box Number is Not Acceptable)		receive the prior notices. By checking this
96 CEDAR DUNES OR		box, you are certifying the prior notices were
Suite, Apt. #, Etc.		not received and requesting the \$100
Nell SmxRNA Rench Fl. State Zip Code FL 32/69		reinstatement be waived.
New Smyrna Bench F		
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 Date Nov 18 th 2008		
REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manag	Street Address of Each ers Managing Member/Mana	
MNG RICHARD CA	ola Or CEDAD DUNES	on line Com Por a True
MNG. CICHARO CA	KLO 76 CEVAL DUNES L	OR. NEW SMYTHUMBEMEN, FR. 32/69
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REINSTAT	EMENT 07-08	
B 3 0 10 A 10 A		
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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company harne 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 lifes owed by the fillings lightly company have been paid. The fillionnation indicated on this application is the and accurate, and my signature shall have the same legal effect of as if made under oath.		
Signature of Managing Member/Manager Date 11/18/08 Daytime Phone # 386-690-9696		
Typed or printed name of signing Managing Member/Manager RICHARD CARLO		