PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT # 203000 1. Limited Liability Company's Name	DIVI	Secretary of sion of corr			08 MAY 14 PH SECRETARY OF TALLAHASSEE, F	3: 15
RAUL ANAYA LLC					CR2E041 (12/07)	
2. Principal Office Address - No P.O. Box #	. (
Suite, Apt. #, etc.	OZ HOFFMAN BLVD Same 1. Apt. #, etc. Suite, Apt. #, etc.			4. State/Country of Formation FLOR(DA		
oute, r.p.c. ii, etc.	ουια, γρ.: π, σιε.		5. Date Organized or Qualified			
City & State City & State			7112-112003			
TAMPA, FL				6. FEI Number Applied For Not Applicable		
33612 Country USA	Zip	Co	ountry	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent						
Name RAUL ANAYA				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.		
Street Address (P.O. Box Number is Not Acceptable) 707 MOFFMAN BLVD						
Suite, Apt. #, Etc.						
City TAMPA State Zip Code FL 33612						
9. I, being appointed the registered agent of the abo	ve named limited	I llability compa		accept the obligat	ions of Chapter 608, F.S.	
Signature of Registered Agent REGISTERED AGENT MUST SIGN				O4 2 08		
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		
HGAN Raul Anaga		102 Hoffman Blud		Tampa Fi	33612	
					nioonenn	
				600129052086 05/12/0801052016 **793.75		
REINSTATEMENT 20	04-2	<u>8000</u>				
	<u> </u>					
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 Rule One Date 412 08 Daytime Phone # 200						
Typed or printed name of signing Managing Member/Manager						