

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 APR -6 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO3000050061

1. Limited Liability Company's Name

R&Z Holdings LLC

300200013323
03/31/11--01028--011 **1126.25

CR2E041 (1/11)

(1071.25)

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

150 E 49 ST

Suite, Apt. #, etc.

3. Mailing Office Address

150 E 49 ST

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33013

Country

USA

City & State

Hialeah FL

Zip

33013

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

1/1/04

6. FEI Number

200057235

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

Ricardo Llorente

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

150 E 49 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33013

E-mail Address:

rllorente@bellsouth.net

(To be used for future annual report notices)

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/24/11

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	Ricardo Llorente	150 E 49 ST	Hialeah, FL 33013
L. SELLERS	APR -7 2011	EXAMINER	REINSTATEMENT 05-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 3/24/11

Daytime Phone #

305 450 0163

Typed or printed name of signing Managing Member/Manager