

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000053663

1. Limited Liability Company's Name

RPG FORTUNE HOLDINGS, LLC

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

2627 South Bayshore Drive

Suite, Apt. #, etc.

Suite 902

City & State

Coconut Grove, Florida

Zip

Country

33133-5440

3. Mailing Office Address

2627 South Bayshore Drive

Suite, Apt. #, etc.

Suite 902

City & State

Coconut Grove, Florida

Zip

Country

33133-5440

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 12/17/2003

6. FEI Number

20-0839072

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

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22nd Street

Suite, Apt. #, Etc.

4th Floor

City

Miami

State

FL

Zip Code

33145

☒ 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 By:

Natalia Utrera, Vice President

REGISTERED AGENT MUST SIGN

Date

3-26-08

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
MGR	Pierdant, Ricardo	2627 South Bayshore Drive, Suite 902	Coconut Grove, Florida 33133-5440

REINSTATEMENT

2004-2008

800121448228

03/27/08 01016-018 **693.75

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

3/25/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Ricardo Pierdant