


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP 27 AM 9:40

<b>DOCUMENT # L04000004301</b> 1. Entity Name <b>RAFAEL REYES LLC</b>			
Principal Place of Business 119 N. CORTES DRIVE CIRCLE E MARGATE, FL 33068		Mailing Address 119 N. CORTES DRIVE CIRCLE E MARGATE, FL 33068	
2. Principal Place of Business <b>10723 LA PLACIDA DR</b>		3. Mailing Address <b>10723 LA PLACIDA DR.</b>	
Suite, Apt. #, etc. <b>Apt 5</b>		Suite, Apt. #, etc. <b>Apt 5</b>	
City & State <b>Coral Springs FL</b>		City & State <b>Coral Springs FL</b>	
Zip <b>33065</b>		Zip <b>33065</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number		09202005 REIN-LLC CR2E101 (6/04)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  DE LOS RIOS, MONICA 4653 SW 12TH STREET DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name <b>DE LOS RIOS MONICA</b> Street Address (P.O. Box Number is Not Acceptable) <b>166 MUL BERRY GROVE Rd</b> City <b>Royal Palm Bch FL</b> Zip Code <b>33411</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>9/2/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2006, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to <b>Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REYES, RAFAEL 119 N. CORTES DRIVE CIRCLE E MARGATE, FL 33068	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAFAEL REYES 10723 LA PLACIDA DR #5 CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	REINSTATEMENT 2005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200060502542 10/11/05--01071--012 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Daytime Phone #	