

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 17 PM 4:23

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000004301

1. Limited Liability Company's Name

RAFAEL REYES LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
10723 LA PLACIDA DR

3. Mailing Office Address
9064 NW 21ST COURT

Suite, Apt. #, etc.
APT. 5

Suite, Apt. #, etc.

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

Zip
33065 Country
USA

Zip
33071 Country
USA

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FFI Number 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
MONICA DE LOS RIOS

Street Address (P.O. Box Number is Not Acceptable)
2246 BALSAN WAY

Suite, Apt. #, Etc.

City
WELLINGTON

State
FL Zip Code
33414

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date **10/1/2007**

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
MGRM	REYES, RAFAEL	9064 NW 21ST COURT	CORAL SPRINGS FL

90110535433
10/1/07-01093--025 **150.00

REINSTATEMENT 2006-07

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 *Rafael Reyes* Date 10/2/07 Daytime Phone # 954 288 0223

Typed or printed name of signing Managing Member/Manager _____