L04000024252

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT 13 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000024252

1. Limited Liability Company's Name
Rinconcito Latino III, L.L.C.

2. Principal Office Address	3. Mailing Office Address
15956 SW 137th Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State
Zip: 33177 Country	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 03/31/2004

6. FEI Number: 20-0936953 ☐ 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: Benedicto Moreno

Street Address (P.O. Box Number is Not Acceptable): 15956 SW 137th Avenue

Suite, Apt. #, Etc.:

City: Miami, Fl State: FL Zip Code: 33177

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: BENEDICTO MORENO Date:
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Rinconcito Latino III Management, Inc	15956 SW 137th Ave	Miami, Fl 33177
	REINSTATEMENT 2005		000005000004 10/13/05--01015--008 **50.00 000060586630 10/13/05--01015--008 **50.00

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: BENEDICTO MORENO Date: Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Benedicto Moreno

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $50.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2005 or any other notice from the Division of Corporations in respect with the Corporation, **RINCONCITO LATINO III, L.L.C.**

Thank you for your courtesy in this matter.

BENEDICTO MORENO
BENEDICTO MORENO
MANAGER