


02/07/2008 THU 11:17 FAX

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000024252			
1. Limited Liability Company's Name RINCONCITO LATINO III, LLC.			
2. Principal Office Address - No P.O. Box # 15956 SW 137TH AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 15956 SW 137TH AVENUE Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33177	Country USA	Zip 33177	Country USA
4. State/Country of Formation FLORIDA			
5. Date Organized or Qualified To Do Business in Florida 03/31/2004			
6. FEI Number 200926953		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name MORENO, BENEDICTO Street Address (P.O. Box Number is Not Acceptable) 15956 SW 137TH AVENUE Suite, Apt. #, Etc. City MIAMI, <div style="display: inline-block; vertical-align: top;"> State FL </div> <div style="display: inline-block; vertical-align: top;"> Zip Code 33177 </div>			
<input checked="" type="checkbox"/> 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 <u>BENEDICTO MORENO</u> Date 02/07/08 REGISTERED AGENT MUST SIGN			
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	MORENO, BENEDICTO	15956 SW 137TH AVENUE	MIAMI FL 33177
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 <u>BENEDICTO MORENO</u> Date 02/07/08 Daytime Phone # 305-406-3800 Typed or printed name of signing Managing Member/Manager MORENO, BENEDICTO			

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REINSTATEMENT 07-08

**Florida Department of State
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LIMITED LIABILITY REINSTATEMENT

RINCONCITO LATINO III, L.L.C.

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