

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 AUG 14 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # L04000035016**

1. Limited Liability Company's Name

RACAS HOLDING S.A. LLC

CR2E041 (12/07)

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

7891 W FLAGLER ST

Suite, Apt. #, etc.

308

City & State

MIAMI, FLORIDA

Zip

33144

Country

USA

3. Mailing Office Address

7891 W FLAGLER ST

Suite, Apt. #, etc.

308

City & State

MIAMI, FLORIDA

Zip

33144

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida

05/07/2004

6. FEI Number

201034374

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

GUZMAN C. MELGAREJO

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

7891 W FLAGLER ST

Suite, Apt. #, Etc.

308

City

MIAMI, FLORIDA

State  
FL

Zip Code  
33144

☐ 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

Date 07/28/2008

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
MM	GUZMAN C. MELGAREJO	7891 W FLAGLER ST	L. SELLERS MIAMI, FLORIDA
			AUG 18 2008
			EXAMINER
			8/7/08 01046/001
			#51626

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 07/28/2008

Daytime Phone #

786-344-6431

Typed or printed name of signing Managing Member/Manager

GUZMAN C. MELGAREJO