

FROM : RC LEASING

FAX NO. : 14158314749

Jun. 02 2008 08:51PM P1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 JUN 12 PM 2:19

DOCUMENT # LDH-50456

Limited Liability Company's Name

RC LEASING AND CONSULTING OF FLORIDA

200131088662
06/08/08--01054--029 **\$555.00
CR2E041 (12/07)

1. Principal Office Address - No P.O. Box # <u>1516 NW 4TH AVE</u> Ave, Apt. #, etc.		3. Mailing Office Address <u>SAME</u> Suite, Apt. #, etc.	
City & State <u>DeL Ray Beach, FL</u>		City & State	
Zip <u>33444</u>	Country <u>USA</u>	Zip	Country

4. State/Country of Formation <u>FLORIDA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>2008</u>	
6. FEI Number	<input checked="" type="checkbox"/> 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 <u>RON EPSTEIN</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>5011 S STATE Rd 7 #107</u>			
Suite, Apt. #, Etc. <u>107</u>			
City <u>DAVIE</u>	State <u>FL</u>	Zip Code <u>33314</u>	

☒ 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 Ronald Epstein
REGISTERED AGENT MUST SIGN

Date 6/3/08

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGR</u>	<u>ED MANN</u>	<u>1516 NW</u>	<u>DeL Ray Beach, FL 33444</u>

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 [Signature] Date 6/3/08 Daytime Phone # 917-539-9063

Typed or printed name of signing Managing Member/Manager