

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2E041 (8/05)

*MLA*

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000053518

1. Limited Liability Company's Name  
R.G. EQUIPMENTS, LLC

2. Principal Office Address 27944 SW 136 Pl Suite, Apt. #, etc.		3. Mailing Office Address 27944 SW 136 Pl Suite, Apt. #, etc.	
City & State Naranja, Fl		City & State Naranja, Fl	
Zip 33032	Country USA	Zip 33032	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 07/19/2004	
6. FEI Number 20-1423169	Applied For 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  
Cynthia Canales

Street Address (P.O. Box Number is Not Acceptable)  
27944 SW 136 Pl

Suite, Apt. #, Etc.

City  
Naranja

State  
FL

Zip Code  
33032

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 *Cynthia Canales* Date 10/05/2006  
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	Rafael Perez	27944 SW 136 Pl	Naranja, Fl 33032
Sec	Cynthia Canales	27944 SW 136 Pl	Naranja, Fl 33032

**REINSTATEMENT** 2005 2006 300081499053 11/03/06--01034--003 \*\*200.00

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 *Cynthia Canales* Date 10/05/2006 Daytime Phone # 786-285-6032

Typed or printed name of signing Managing Member/Manager Cynthia Canales