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LIMITED LIABILITY REINSTATEMENT
RIBO INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$932.50

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T. HAMPTON

FEB 16 2010

EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E041 (10/08)	
DOCUMENT # L04000053999					
1. Limited Liability Company's Name RIBO INVESTMENTS LLC					
2. Principal Office Address - No P.O. Box # 3301 N.E. FIRST AVE		3. Mailing Office Address 3301 N.E. FIRST AVE		4. State/Country of Formation FL	
Suite, Apt. #, etc. SUITE LPH 6		Suite, Apt. #, etc. SUITE LPH 6		5. Date Organized or Qualified To Do Business in Florida 08/10/2004	
City & State MIAMI, FL		City & State MIAMI, FL		6. FEI Number 20-1555430	
Zip 33137	Country USA	Zip 33137	Country USA	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 C T Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation		State FL	Zip Code 33324		
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: <i>Barbara A. Burke</i> Barbara A. Burke REGISTERED AGENT MUST SIGN Date: 2/12/10					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	Ricardo Plerdant	3301 N.E. FIRST AVE, STE. LPH 6		MIAMI, FLORIDA 33137	
11. I certify that I am managing member/manager of the receiver if 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 delinquency 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: <i>Ricardo Plerdant</i>		Date: _____		Daytime Phone #: _____	
Typed or printed name of signing Managing Member/Manager: Ricardo Plerdant					

REINSTATEMENT 2005-2010