

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

07 NOV -6 PM 12:37

DOCUMENT # L04000060629

1. Limited Liability Company's Name

Rimon Ventures LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
22340 Dorado Drive

Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip
33433

Country
USA

3. Mailing Office Address
22340 Dorado Drive

Suite, Apt. #, etc.

City & State
Boca Raton, FL

Zip
33433

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **August 16, 2004**

6. EIN Number
EIN: 20-1495102

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
Daniel Rindsberg

Street Address (P.O. Box Number is Not Acceptable)
22340 Dorado Drive

Suite, Apt. #, Etc.

City
Boca Raton

State
FL

Zip Code
33433

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/31/07**

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	Daniel Rindsberg	22340 Dorado Drive	Boca Raton, FL 33433

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

10/31/07

Daytime Phone #

917-951-7949

Typed or printed name of signing Managing Member/Manager

DANIEL RINDSBERG