

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 16 PM 3:33

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04000061562

1. Limited Liability Company's Name

R. & R. ADMINISTRATION, L.L.C.

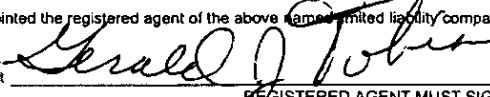
~~10/16/07 018 **155.00~~
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CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 2701 South Bayshore Drive		3. Mailing Office Address 2701 South Bayshore Drive	
Suite, Apt. #, etc. Suite 602		Suite, Apt. #, etc. Suite 602	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33133	Country USA	Zip 33133	Country USA


4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida August 19, 2004	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Gerald J. Tobin			
Street Address (P.O. Box Number is Not Acceptable) 2701 South Bayshore Drive			
Suite, Apt. #, Etc. Suite 602			
City Miami, Florida	State FL	Zip Code 33133	

☒ 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 08/11/2007
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	Rita McLean	2701 South Bayshore Drive, Suite 602	Miami, Florida 33133

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 02.10.2007	Daytime Phone # (305)-858-9020
Typed or printed name of signing Managing Member/Manager Rita McLean		

REINSTATEMENT 2005-2006, 2007