

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 CORPORATIONS

09 OCT 22 PM 7:55

CR2E041 (10/08)

DOCUMENT # L0400008425

1. Limited Liability Company's Name

RJH Global Holdings, LLC

2. Principal Office Address - No P.O. Box #

128 Paloma Drive

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33143

Country

USA

3. Mailing Office Address

c/o N. Stieglitz, 169 E. Flagler St.

Suite, Apt. #, etc.

1512

City & State

Miami, Florida

Zip

33131

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida December 7, 2004

6. FEI Number

☐ 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

Nick W. Stieglitz, Jr.

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

169 E. Flagler St., #1512

Suite, Apt. #, Etc.

1512

City

Miami

State

FL

Zip Code

33131

☒ 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

REGISTERED AGENT MUST SIGN

Date October 21, 2009

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
MGR	Rita McLean	Aeulestrasse 6, 9490	Vaduz, Lichtenstein

400162037134

10/22/09--01006--013 **282.50

REINSTATEMENT 2008, 2009

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**

Rita McLean

Date 10/21/2009

Daytime Phone# (305) 358-2900

Typed or printed name of signing Managing Member/Manager Rita McLean, Manager

T. Hampton OCT 24 2009