

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 13 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500162497865
11/04/09--01035--007 **516.25

CR2E041 (10/08)

DOCUMENT # **L04000090335**

1. Limited Liability Company's Name

RAR INVESTMENT, LLC.

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

12286 SW 10th Lane

Suite, Apt. #, etc.

City & State

Miami - FL

Zip

33184

Country

USA

3. Mailing Office Address

PO BOX 524236

Suite, Apt. #, etc.

City & State

MIAMI - FL

Zip

33152

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/14/2004

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

CAMELON, HECTOR E.

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

12286 SW 10th Lane

Suite, Apt. #, Etc.

MIAMI

City

MIAMI

State

FL

Zip Code

33184

☐ 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

10/30/09

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	Rodriguez, Ramon A	7253 NW 108 Ct	DOHA, FL. 33178

REINSTATEMENT 07-09

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

10/30/09

Daytime Phone #

786-357-0777

Typed or printed name of signing Managing Member/Manager

N. Camelon

NOV 16 2009