

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2009 Dec 21 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500162455455
11/03/09--01036--004 **138.75

CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # L04000093932

1. Limited Liability Company's Name

RIO 1 LLC

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

7035 SW 47th. Street

Suite, Apt. #, etc.

G

City & State

Miami

Zip

FI

Country

33155

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FI

5. Date Organized or Qualified

To Do Business in Florida 12/29/2004

6. FEI Number

320135782

☐ 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

Norka I. Munilla

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

7035 SW 47th Street

Suite, Apt. #, Etc.

G

City

Miami

State

FL

Zip Code

33155

☒ 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. By 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 11/2/2009

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	Cynthia D. Junkin	638 San Lorenzo Ave	Coral Gables, FI 33146
MGR	Norka I Munilla	5846 SW 81st Street	Miami, FI 33143

REINSTATEMENT

08-09

02/05/10--01005--001 **138.75

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

Daytime Phone #

305-345-2289

Typed or printed name of signing Managing Member/Manager