

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 SEP 11 PM 1:41

DOCUMENT # LO5 0000 23127

1. Limited Liability Company's Name

RSBF Holdings, LLC

700159329927
08/06/09--01049--016 **282.50

CR2E041 (10/08)

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

3320 SW 16th Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33145

Country

USA

3. Mailing Office Address

3320 SW 16th Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33145

Country

USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida March 8, 2005

6. FBI 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

Ronald Mangravite

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

3320 SW 16th Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

☒ 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]

Date August 2, 2009

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 |
|--------|--------------------------------------|---|--------------------|
| MM/M | Ronald Mangravite | 3320 SW 16th Terrace | Miami, FL 33145 |
| MM/M | Sandra Mangravite | 3320 SW 16th Terrace | Miami, FL 33145 |
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| | | | |

REINSTATEMENT

2007-09 *[Signature]*

700159329927
09/11/09--01015--006 **133.75

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

[Signature]

Date Aug 2, 2009

Daytime Phone # 786 953-2495

Typed or printed name of signing Managing Member/Manager Ronald Mangravite

\$ 416.25