

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 25 AM 10:52

DOCUMENT # L05000051599	
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Principal Place of Business 45 N.E. 39 STREET MIAMI, FL 33137	Mailing Address 45 N.E. 39 STREET MIAMI, FL 33137
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



09212006	REIN-LLC	CR2E101 (11/05)
4. FEI Number 20-2966147	Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent COLLETTI, JOSEPH R 3550 BISCAYNE BOULEVARD SUITE 610 MIAMI, FL 33137	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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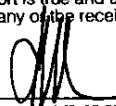
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RHODES, STEVEN M 45 N.E. 39 STREET MIAMI, FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900080459099 10/04/06--01033--019 **100.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2006 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  STEVEN M. RHODES m.m. 9-21-06 305 799-1407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #