PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2010 APR 15 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/16/10--01005--016 **138.75

900174182469
04/01/10--01046--015 **277.50

CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000062109

1. Limited Liability Company's Name
RICARDO A. WYNTER PLLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7102 IVY CROSSING LN	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach FL	City & State
Zip: 33436 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 76-0794974 ☐ 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: RICARDO WYNTER

Street Address (P.O. Box Number is Not Acceptable): 7102 IVY CROSSING LANE

Suite, Apt. #, Etc.:

City: Boynton Beach | State: FL | Zip Code: 33436

☒ 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: _____ Date: 3/22/10
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
MGRM CEO	Ricardo A. Wynter	7102 IVY CROSSING LANE	Boynton Beach, FL 33436
MGRM CFO	MAXINE Bolt- Kenyon	656 W Melrose Circle	Fort Lauderdale FL 33312
		REINSTATEMENT	08/10 AL

11. E-mail Address: RW2017@Comcast.Net
(To be used for future annual report notifications)

12. 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 608.408, 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: 3/22/10 Daytime Phone #: 718 810 4901

Typed or printed name of signing Managing Member/Manager: Ricardo Wynter

Maxine Bolt Kenyon 3-22-2010