

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
08 MAR 27 PM 2:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L05000072416**

1. Limited Liability Company's Name

RPG CARLTON HOLDINGS III, LLC

06

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 2627 South Bayshore Drive Suite, Apt. #, etc. Suite 902 City & State Coconut Grove, Florida Zip 33133-5440		<b>3. Mailing Office Address</b> 2627 South Bayshore Drive Suite, Apt. #, etc. Suite 902 City & State Coconut Grove, Florida Zip 33133-5440	
--	--	--	--

<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 07/22/2005	
<b>6. FEI Number</b> 20-4376453	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>	
Name SPIEGEL & UTRERA, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22nd Street	
Suite, Apt. #, Etc. 4th Floor	
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 By: Natalia Utrera, Vice President **REGISTERED AGENT MUST SIGN** Date 3-26-08

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Pierdant, Ricardo	2627 South Bayshore Drive, Suite 902	Coconut Grove, Florida 33133-5440

**REINSTATEMENT 2006-2008**

700121448157  
03/27/08--01016--017 \*\*416.25

**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 Ricardo Pierdant Date 3/25/08 Daytime Phone #  

Typed or printed name of signing Managing Member/Manager Ricardo Pierdant