

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 MAY -6 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600155127876
05/01/09--01056--018 **516.25
CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000074582

1. Limited Liability Company's Name

RRHS, LLC

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

1555 Obispo Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33134

Country

3. Mailing Office Address

1555 Obispo Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33134

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 07/29/2005

6. FEI Number

20-3723701

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

Rolando R. H. Santos

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

1555 Obispo Avenue

Suite, Apt. #, Etc.

City

Coral Gables, Florida

State

FL

Zip Code

33134

☐ 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

Rolando R. H. Santos

REGISTERED AGENT MUST SIGN

Date 4/21/09

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	Rolando R. H. Santos	1555 Obispo Avenue	Coral Gables, Florida 33134

REINSTATEMENT - 06-07-08
09

600155127876
05/01/09--01056--019 **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

Rolando R. H. Santos

Date 4/21/09

Daytime Phone # 305 775-6107

Typed or printed name of signing Managing Member/Manager

Rolando R. H. Santos