

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 FEB 25 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800117316038  
03/11/08--01015--014 \*\*316.25  
CR2E041 (1/07)

DOCUMENT # L05000076385

1. Limited Liability Company's Name

Rumler, LLC

2. Principal Office Address - No P.O. Box #  
1535 Lenox Ave

3. Mailing Office Address  
1535 Lenox Ave

Suite, Apt. #, etc.  
8

Suite, Apt. #, etc.  
8

City & State  
Miami Beach, FL

City & State  
Miami Beach, FL

Zip Country  
33139 USA

Zip Country  
33139 USA

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida  
08/03/05

6. FEI Number  
20-3268467

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  
Frank Rumler

Street Address (P.O. Box Number is Not Acceptable)  
1535 Lenox Ave

Suite, Apt. #, Etc.  
8

City  
Miami Beach

State Zip Code  
FL 33139

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 REGISTERED AGENT MUST SIGN

Date 11/15/07

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	Frank Rumler	1535 Lenox Ave #8	Miami-Beach, FL 33139

REINSTATEMENT 06-08

800117316038  
02/06/08--01042--001 \*\*100.00

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 Date 11/15/07 Daytime Phone # 305-384-8430

Typed or printed name of signing Managing Member/Manager FRANK RUMLER