2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## FILLED SECRETARY OF STATE DOCUMENT # L05000090760 DIVISION OF CORPORATIONS 1. Entity Name RIA HOLDINGS, LLC 07 OCT -8 PM 2:42 Principal Place of Business Mailing Address 2222 PONCE DE LEON BLVD., PENTHOUSE 2222 PONCE DE LEON BLVD., PENTHOUSE CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09252007 REIN-LLC CR2E101 (1/07) 4. FEI Number Applied For City & State City & State 20-4107605 Not Applicable Zip Country 7in Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Mary Lou Rodon, Esq. ALVAREZ, MARY LOU R Street Address (P.O. Box Number is Not Acceptable) 2222 PONCE DE LEON BLVD., PENTHOUSE 2222 Ponce de Leon Blvd., Penthouse CORAL GABLES, FL 33134 Zip Code 33134 Coral Gables 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; Mary Lou Rodon, Esq. 9-25-07 (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOW!!! FEE IS \$50.00 liability company did not receive the prior notice. Florida Department of State After January 1, 2008, Fee will be \$100.00 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Change TITLE Delete TITLE MGRM ☐ Addition FORERO DE AUE, ILEANA S NAME NAME FORERO DE AUE, ILEANA S STREET ADDRESS 13120 SW 92ND AVENUE - APT.#311 STREET ADDRESS 2997 S.W. 156th Avenue CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL -33176-Miami, Florida 33185 TITLE MGRM ☐ Delete TITLE Change 💢 ☐ Addition AUE, RICARDO A 2997 S.W. 156th Ave. AUÉ, RICARDO A NAME NAME STREET ADDRESS 13120 SW 92ND AVENUE - APT.#311 STREET ADDRESS CITY-ST-ZiP MIAMI: FL 33176 CITY-ST-ZIP Miami, FL 33185 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME 000110494930 NAME STREET ADDRESS STREET ADDRESS 01041--010 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF -Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Châpter 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 or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Ricardo A. Aue 9-25-07 SIGNATURE: PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #