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LIMITED LIABILITY REINSTATEMENT

RLB LAKE WORTH, LLC

Certificate of Status	0
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J. BRYAN FEB 19 2007

Marla R. Mayster
1801 North Military Trail
Suite 200
Boca Raton, Florida 33431
Telephone: 561.394.0500
Facsimile: 561.394.3862

Hodgson Russ LLP
ATTORNEYS

A Registered Limited Liability Partnership Including Professional Associations

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Today's Date: Friday, February 16, 2007 2:36:56 PM

Comments:

Please file the attached 2007 Limited Liability Company Reinstatement for RLB Lake Worth, LLC. Thank you.

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2007 LIMITED LIABILITY COMPANY REINSTATEMENT

H07000043434

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DIVISION OF CORPORATIONS
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DOCUMENT # L06000097265

1. Entity Name
RLB LAKE WORTH, LLC

Principal Place of Business	Mailing Address
C/O SHARON BUCHALTER 5828 N.W. 26TH COURT BOCA RATON, FL 33496	C/O SHARON BUCHALTER 5828 N.W. 26TH COURT BOCA RATON, FL 33496

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

01/05/2007 REIN-LLC CR2E111 (1/07)

4. FEI Number — Applied For / ☒ Not Applicable

6. Certificate of Status Desired ☐ $5.00 Additional Fee Required

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HRAWG CORP. 1801 N. MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 agent.

SIGNATURE ______ Date ______

FILE NOW!!! FEE IS $400.00

In accordance with s. 608.452(3)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sharon Buchalter 5828 N.W. 26th Court Boca Raton, FL 33496 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Sharon Buchalter, MGRM

SIGNATURE: x [signature] 2/7/07 (561) 789-3847

Date / Telephone

H07000043434 3