## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	COMPANY		DEPARTMENT OF STAT Secretary of State	E	FILL		
REIN	NSTATEMENT (	DIV	ISION OF CORPORATIONS	1	2009 DEC -2	PH W 18	
DOCUMENT # 2060000/5988  1. Limited Liat lity Company's Name  RPE GROUP LLC					SECRETARY ( TALLAHASSEE	OF STATE ** E.FLORIDA	
Principal Office Address - No P.O. Box # 3. Mailing Office Address					CR2E041 (11/09)		
Suite, Apt.	// Dewey ST #, etc.	Suite, Apt. #,	d Douby F.	5. Date Orga	antry of Formation  anized or Qualified siness in Florida		
City & State	collyward, Fl.	City & State	Mywood, Ff.	6. FEI Numb		4 - OG Applied For Not Applicable	
_	3020 U.S.A.	330		7. CERTIFICAT	E OF STATUS DESIRED	\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent  Name  Roar to Ricya Escrich  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City Hollywaga State  State  Zip Code  FL 33020				in circ receiv box, y not re	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 globe named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Pagent REGISTERED AGENT MUST SIGN							
10. Names and Street Addresses of Managing Members/Managers							
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / S	State / Zip	
<u>MGRM</u>	Roberto Pereyra Kzerich		1515 Dewley St		Holfwoon,	[F] 33020	
				11/30	700163195207 11/30/0901073019 **277.50		
	REINSTATI	EME	NT -08-09				
12. I certify that I am managing member/manage of the reason for 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 jusquition 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 name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company name satisfies the requirements of section 60							
Typed or printed name of signing Managing Member/Manager							

C.J.