PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT	Secretar DIVISION OF C	TTMENT OF STATE by of State corporations		SECRETARY OF STATE DIVISION OF CORPORATIONS: 09 DEC 24 PM 1:36
DOCUMENT # L 0 6 0 0 0 0 1 6 5 7 5 1. Limited Liability Company's Name				
RMC VENTURES, LLC				
Principal Office Address - No P.O. Box # 3. Mailing Office Address		CR2E041 (11/09)		
525 SADAI PALMRS			State/Country of Formation	
Suite, Apt. #, etc. Suite, Apt. #, etc.		FLO.		72100
			5. Date Organized or Qualified To Do Business in Florida	
City & State City & State				
MIAMI, FCA	 		6. FEI Numbe えりーム	206 7 6 3 Not Applicable
33/3 7 Country	Zip	Country	7.	OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status.
8. Name and Address of Current Registered Agent				
Mame Moises Ebozi			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.	
Street Address (P.O. Box Number is Not Acceptable) 45255ABA(PAIM) COAD				
Suite, Apt. #, Etc.				
City State Zip FL 33.				
I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the Signature of Registered Agent REGISTERED AGENT MUST SIGN				Date /2/17/09
10. Names and Street Addresses of Managing Members/Managers				
Titles Name of Managing Members/Manag		Street Address of Each Managing Member/Manager		City / State / Zip
MARM MOISES EGOZI		4525 SADAI BAYROMD MIAMI Bch, F/331		Mom, 1-/ 33/37
mem Richard Corro		3083 North BAY		MIAM, Bch, F/33140
			30	n i propadado
				0901043005 **377.50
REINSTATEMENT 2008,		\$9		
11. E-mail Address:				
(To be used for future annual report notifications) 12. 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 cath.				
as if made under oath. Signature of Managing Member/Manager Typed or printed name of signing Managing Member/Manager Managing Managing Managing Managing Member/Manager Managing Managing Managing Managing Member/Manager Molsce Color of Date (2/17/09) Date (3/17/09) Daytime Phone # 315 333 3/28				
Typed or printed name of signing Managing Member/Manager				