

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC 17 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **LD6000055428**

1. Limited Liability Company's Name

**RBI OF SOUTH FLORIDA, LLC DB**

000163726900  
12/17/09--01040--006 \*\*277.50 ✓

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <b>185 NW Spanish River</b> Suite, Apt. #, etc. <b>Suite 105</b> City & State <b>BOCA RATON FL</b> Zip <b>33431</b> Country <b>USA</b>		3. Mailing Office Address <b>185 NW Spanish River Blvd.</b> Suite, Apt. #, etc. <b>Suite 105</b> City & State <b>BOCA RATON FL</b> Zip <b>33431</b> Country <b>USA</b>	
--	--	--	--

4. State/Country of Formation <b>FL USA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>5/30/06</b>	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <b>Douglas Root</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>185 NW Spanish River Blvd.</b>			
Suite, Apt. #, Etc. <b>Suite 105</b>			
City <b>Boca Raton</b>	State <b>FL</b>	Zip Code <b>33431</b>	

☒ 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 **12/11/07**

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
MGR	Douglas Root	185 NW Spanish River Blvd. Suite 105	Boca Raton FL 33431

**REINSTATEMENT 2008-2009**  
**Without Penalty up 12/18**

11. E-mail Address: **DouglasRoot@DouglasRoot.com**

(To be used for future annual report notifications)

12. I certify that I am managing member/manager, 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 **12/11/07**

Daytime Phone # **561-367-1505**

Typed or printed name of signing Managing Member/Manager

**Douglas Root**