

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000064339

1. Entity Name  
RUBBER TECH USA, L.L.C.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 NOV 16 PM 3:50

Principal Place of Business  
17555 ATLANTIC BLVD. #1207  
SUNNY ISLES BEACH, FL 33160

Mailing Address  
17555 ATLANTIC BLVD. #1207  
SUNNY ISLES BEACH, FL 33160



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10062007 REIN-LLC

CR2E101 (1/07)

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

IRA R. SHAPIRO, P.A.  
16375 NE 18TH AVE. #225  
NORTH MIAMI BEACH, FL 33162

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

Signature, typed or printed name of registered agent, if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

NOV. 5, 2007

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME FISHMAN, ELIA  
STREET ADDRESS 17555 ATLANTIC BLVD. #1207  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400112600784  
11/27/07--01027--002 \*\*50.00

TITLE MGR ☐ Delete  
NAME SHAPIRO, CHANAN  
STREET ADDRESS P.O. BOX 9403  
CITY-ST-ZIP NISKAYUMA, NY 12309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REINSTATEMENT  
w/o Penalty 2007  
Ull