

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
10 MAR 19 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000673890

1. Limited Liability Company's Name

RGFL, LLC

600172643536  
03/19/10--01031--022 \*\*\$55.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 301 San Marcos Boulevard		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sanford, FL		City & State	
Zip 32771	Country US	Zip	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 7/25/06	
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 Rafael Gonzalez			
Street Address (P.O. Box Number is Not Acceptable) 301 San Marcos Boulevard			
Suite, Apt. #, Etc.			
City Sanford		State FL	Zip Code 32771

☐ 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

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
MGRM	RAFAEL GONZALEZ	301 San Marcos Boulevard	Sanford, FL 32771
MGRM	FRANCIS LIZARDO	101 Concord Drive	Casselberry, FL 32707
			S. HAWKES
			MAR 23 2010
			EXAMINER

11. E-mail Address: rafael@ragoca.com

(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 oath.

Signature of  
Managing Member/Manager

Date

3/16/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Rafael Gonzalez