PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV -3 AM 10: 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000118663

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10/05/09--01054--007 **277.50

CR2E041 (8/08)

1. Limited Liability Company's Name
RASTI ENTERPRISES LLC

2. Principal Office Address	3. Mailing Office Address
18630 NW 67 AVE	18630 NW 67 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - FL	City & State: MIAMI - FL - 33015
Zip: 33015 Country: USA	Zip: 33015 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 12-13-2006

6. FEI Number: 20-8038315 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee required for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name: RAMOS ROSA MARIA

Street Address (P.O. Box Number is Not Acceptable): 1629 NW 143 TERR.

Suite, Apt. #, Etc.:

City: PEMBROKE PINES - FL - 33028 State: FL Zip Code: 33028

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: [signature] Date: 11/02/09

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REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	RAMOS ROSA M	1629 NW 143 TER	PEMBROKE PINES FL 33028
V/P	RAMOS CARLOS E	1629 NW 143 TER	PEMBROKE PINES FL 33028
SEC	STIVALET DOLORES	1629 NW 143 TER	PEMBROKE PINES FL 33028
SEC	STIVALET CARLOS	1629 NW 143 TER	PEMBROKE PINES FL 33028

REINSTATEMENT 10/09

11. I certify that I am a 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 for reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.508, 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: [signature] Date: 10-1-2009 Daytime Phone #: 305-622-3042

Typed or printed name of signing Managing Member/Manager: