

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 14 PM 3:50

DOCUMENT # L07000054083

1. Limited Liability Company's Name

R.C. Real Estate Investments, LLC
2805 N.W. 75th Avenue
Miami, FL 33122

700149457307
04/10/09--01020--022 **277.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

2805 N.W. 75 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

2805 N.W. 75 Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33122

Country

U.S.

Zip

33122

Country

U.S.

4. State/Country of Formation

United States

5. Date Organized or Qualified
To Do Business in Florida

5/21/07

6. FEI Number

26-2372688

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

Richard J. Villalobos

Street Address (P.O. Box Number is Not Acceptable)

8000 S.W. 117 Avenue

Suite, Apt. #, Etc.

Suite 206

City

Miami

State

FL

Zip Code

33183

☒ 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

Richard J. Villalobos

REGISTERED AGENT MUST SIGN

Date

3/3/09

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
<u>Mgr.</u>	<u>R.C. Real Estate</u> <u>Partnership</u>	<u>2805 N.W. 75 Avenue</u>	<u>Miami, FL 33122</u>

REINSTATEMENT 09/28/09

11. 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

Raul Casares

Date

4/7/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

RAUL CASARES - MANAGING MEMBER