


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2009 AUG 27 A 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000068301	
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Principal Place of Business 11173 GRIFFIN BLVD. BISCAYNE PARK, FL 33161	Mailing Address 11173 GRIFFIN BLVD. BISCAYNE PARK, FL 33161
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2. Principal Place of Business - No P.O. Box # <u>232 NW, 102nd St</u>	3. Mailing Address <u>232 NW, 102nd St</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>MIAMI, FL</u>	City & State <u>MIAMI, Florida</u>
Zip <u>33150</u>	Country <u>Dade</u>
Country <u>Dade</u>	Zip <u>33150</u>



08242009 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent JOSEPH, RODNEY 11173 GRIFFIN BLVD. BISCAYNE PARK, FL 33161	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code
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4. FEI Number <u>41225012</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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 RODNEY JOSEPH, MANAGER 08/24/09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required with reinstatement) DATE

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSEPH, RODNEY 11173 GRIFFIN BLVD. BISCAYNE PARK, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>400160033094</u> <u>08/27/09--01047--022</u> <u>**277.50</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>400160033094</u> <u>08/27/09--01047--023</u> <u>**100.00</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT
08-09

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: RODNEY JOSEPH 08/24/09 305-3799526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #