


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000071647 1. Entity Name RIBO INVESTMENTS II LLC	
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FILED
09 MAR 12 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2627 SOUTH BAYSHORE DR 902 COCONUT GROVE, FL 33133 US	Mailing Address 2627 SOUTH BAYSHORE DR 902 COCONUT GROVE, FL 33133 US
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2. Principal Place of Business - No P.O. Box # 2627 SOUTH BAYSHORE DR.	3. Mailing Address 2627 SOUTH BAYSHORE DR.
Suite, Apt. #, etc. SUITE # 801	Suite, Apt. #, etc. SUITE # 801

03022009 REIN-LLC CR2E101 (1/07)

City & State COCONUT GROVE, FL	City & State COCONUT GROVE, FL
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip 33133	Country USA	Zip 33133	Country USA
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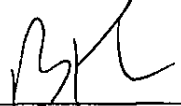
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PIERDANT, RICARDO 2627 SOUTH BAYSHORE DR 902 COCONUT GROVE, FL 33133	7. Name and Address of New Registered Agent Name PIERDANT, RICARDO Street Address (P.O. Box Number is Not Acceptable) 2627 SOUTH BAYSHORE DR. SUITE # 801 City COCONUT GROVE FL Zip Code 33133
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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 _____ DATE **3/2/09**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 MGR NAME PIERDANT, RICARDO STREET ADDRESS 2627 SOUTH BAYSHORE DR CITY-ST-ZIP COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	TITLE MGR NAME PIERDANT, RICARDO STREET ADDRESS 2627 SOUTH BAYSHORE DR #801 CITY-ST-ZIP COCONUT GROVE, FL 33133	<input checked="" 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
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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03/27/08--01016--019 **555.00

REINSTATEMENT 2008-2009

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: _____ **RICARDO PIERDANT** **3/2/09** **(305) 907-4395**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #