

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT 15 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000115543

1. Limited Liability Company's Name

RM and JV Enterprises, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
1800 N Bayshore Drive

3. Mailing Office Address
1800 N Bayshore Drive

Suite, Apt. #, etc.
2104

Suite, Apt. #, etc.
2104

City & State
Miami

City & State
Miami

Zip
33132

Country
dade

Zip
33132

Country
Dade

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida Nov 15th 2007

6. FEI Number
38-0228713

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
Robert S Mosenson

Street Address (P.O. Box Number is Not Acceptable)
1800 N Bayshore Drive

Suite, Apt. #, Etc.
2104

City
Miami

State
FL

Zip Code
33132

☒ 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 9/19/2009

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
PRB	Robert Mosenson	1800 N BAYSHORE DR #2104	Miami, FL 33132

REINSTATEMENT

08-09 AL

700161241367
10/01/09--01034--008 **173.88

700161241367
10/15/09--01050--016 **103.97

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

Date 9/19/2009

Daytime Phone # 786-291-7206

Typed or printed name of signing Managing Member/Manager Robert S Mosenson