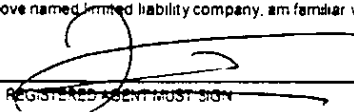


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L12000083679 Limited Liability Company's Name RBF TRUST LLC		400356838264 12/21/20--01020--021 **238.75 12/21/20--01020--021 **238.75	
2. Principal Office Address - No P.O. Box # 8551 W SUNRISE BLVD		3. Mailing Office Address 8551 W SUNRISE BLVD	
Suite Apt #, etc SUITE # 100		Suite Apt #, etc SUITE # 100	
City & State PLANTATION, FL		City & State PLANTATION, FL	
Zip 33322	Country USA	Zip 33322	Country USA
4. State/Country of Formation FLORIDA			
5. Date Organized or Qualified To Do Business in Florida 06/25/2012			
6. FEI Number L12000083679		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 JUAN VALLEJO			
Street Address (P.O. Box Number is Not Acceptable) Suite 8551 W SUNRISE BLVD			
Apt #, Etc SUITE # 100			
City PLANTATION		State FL	Zip Code 33322
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent 		Date 12 17 2020	
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Manager	THOR MANAGEMENT LLC	30 N GOULD ST, SUITE # 4280	SHERIDAN, WY 82801
A.P.	JORAO PEDRO FONSECA	8551 W SUNRISE BLVD # 100	PLANTATION, FL 33322
FEB 04 2021			
S. YOUNG			
11. E-mail Address a.business72@yahoo.com (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
Signature of authorized representative/member 		Date 12 17 2020 Daytime Phone # 305 574 9009	
Typed or printed name of signing authorized representative/member			