PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000083679

400356883264
12/21/20--01020--021 **238.75

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1 Limited Liability Company s Name

RBF TRUST LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3 Mailing Office Address
8551 W SUNRISE BLVD	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

2020 DEC 21 AM 9:45

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

REGISTERED AGENT MUST SIGN

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 Managed	THOR MANAGEMENT LLC	30 N GOULD ST, SUITE#4280	SHERIDAN, WY 82801
A.P	JOAO 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 _____