## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY							
COMPANY							
REINSTATEMENT							



## FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 115000082609

	bility Company's Name RICA, LLC	,						
						103553836 /2001016- <b>-</b> 026		
2. Principal Office Address - No P.O. Box#		3. Mailing O	Mailing Office Address			CR2E041 (1/14)  4. State/Country of Formation Florida/USA  5. Date Organized or Qualified To Do Business in Florida May 5, 2015		
2100 Coral Way		2100 Cor	2100 Coral Way					
Suite, Apt #, etc		Suite, Apt #, etc			·			
Suite 505		Suite 505			5. Date Organi To Do Busin			
City & State Miami, FL		City & State Miami, FL			6. FEI Numbe	6. FEI Number Applied For		
Zip	Country	Zip		Country	7	\$5.00 A	Not Applicable	
33145	USA	33145		USA	CERTIFICATE OF	STATUS DESIRED 55.00 A	Additional Fee required ertificate of status	
	8. Name and Addr	ress of Current Rec	gistered Agent					
	Borgognoni							
355 Alhamb	(P.O Box Number is Not Acceptable) bra Circle	Suite,						
Apt # Etc Suite 1205								
Coral Gables State Zip Code State 33134								
9. I, being a	ppointed the registered agent of the	above named limiter	d fiability compa	ny, am familiar with and	accept the obligations	of Chapter 605, F.S		
Signature of Registered Agent					<del></del>	Date 08/06/2020		
	<del>-</del>	REGISTERED AGE						
10. Names and	d Street Addresses of Authorized Re	presentatives/Manag	jers	<del></del>		· · · · · · · · · · · · · · · · · · ·		
Titles	Name of Authorized Representatives/ Managers		Street Address of Each Authonzed Representative/ Manager			City / State / Zip		
MGR	GR Kimberly Heeney			2100 Coral Way		Miami FL 33145		
							262	
							7020 NOV	
	NDV 1 8 2020					21 2002-0	- 1.715 - 1.715	
		<u>S.</u>	YOU	NG		777	D i	
11. E- mail Add	dress kheeney@activ4pe	ts.com				<u>.</u>		
12 Londify the	at I am an authonzed representativ			tuture annual report notific			<u>л</u>	
<ul> <li>certify that whi</li> </ul>	nen filing this reinstatement applica S, and that all fees owed by the lim	ition the reason for d	dissolution has t	been eliminated, the lin	mited liability company	v name satisfies the requirem	nent of section	

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

Typed or printed name of signific

O8/06/2020 Kimberty-Heeney

305-671-3323