

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2022 JUN 15 PM 2:39

SECRETARY OF STATE TALLAHASSEE, FL

300391025763 06/17/22--01023--012 \*\*416.25

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06/14/22 01011 001 44139.00

DOCUMENT # L16000110908

1. Limited Liability Company's Name RE INVESTORS LLC

2. Principal Office Address - No P.O. Box # 92 SW 3 ST

3. Mailing Office Address 92 SW 3 ST

Suite, Apt #, etc APT 3506

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City & State MIAMI, FL

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Zip Country 33130 USA

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4. State/Country of Formation FL / USA

5. Date Organized or Qualified To Do Business in Florida 06/08/2016

6. FEI Number 32-0497881

X Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$3.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name SILVA GOYO, ALBERTO JOSE

Street Address (P.O. Box Number is Not Acceptable) Suite, 92 SW 3 ST

Apt #, Etc. APT 3506

City MIAMI

State Zip Code FL 33130

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 04/04/2022

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Table with 4 columns: Titles, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Includes entries for SILVA GOYO, ALBERTO JOSE and SOL, JESUS A.

11. E-mail Address

(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 providing the information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

D CUSHING

Signature of authorized representative/member

Date 04/04/2022

Typed or printed name of signing authorized representative/member SILVA GOYO, ALBERTO JOSE