PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2024 MAY 22 AM 9:26
SECRETARY OF STATE

DOCUMENT # L16000219477

1. Limited Liability Company's Name
RACSO INTERNATIONAL, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
90 ALTON RD.	90 ALTON RD.
Suite, Apt. #, etc 3206	Suite, Apt. #, etc 3206
City & State MIAMI BEACH	City & State MIAMI BEACH
Zip / Country 33139 / US	Zip / Country 33139 / US

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
12/05/2016

6. FEI Number
81-4626481
☐ 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
REGISTERED AGENTS INC

Street Address (P.O. Box Number is Not Acceptable) Suite
7901 4TH ST. N

Apt. #, Etc
STE. 300

City / State / Zip Code
ST. PETERSBURG / FL / 33702

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 David Roberts Date 05/21/2024
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
AMBR	SIGAUKE, OSCAR	90 ALTON RD. #3206	MIAMI BEACH, FL 33139
			● C. LAWRENCE ● MAY 22 2024

11. E-mail Address: flfilings@registeredagentsinc.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 Oscar Sigauke Date 05/21/24 Daytime Phone # 307-200-2803

Typed or printed name of signing authorized representative/member OSCAR SIGAUKE

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000182132 3)))

H24000182132ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT

RACSO INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,210.00

Electronic Filing Menu Corporate Filing Menu Help