• 200/PLEASE READ ALL INSTRUCTIONS BEFORE O	COMPLETING THIS FORM.
LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT # L98 DOODS 3275 1. Limited Liability Company's Name Representations FLORIDA DEPAR'TMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS LYBRITAL HOLDINGS, LLC	FILED OI DEC 17 PM 2: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 25 26 5. E. 20 TRACE 137 65 8W 90 AVE Suite, Apt. #, etc. City & State City & State City & State City & State MIAM! FC Zip 33 0 35 Country Zip 33 1 76 - 69 85 USB	4. State/Country of Formation LOALOA (VAOE) 5. Date Organized or Qualified To Do Business in Florida 12/18/94 6. FEI Number LS 0904344 Not Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED X 6300 Additional Georgetical to reconstitution of Status
8. Name and Address of Current Registered Agent Name Robert D. Robenbuon Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Komtstand State Zip Code FL 33 • 3 \$ 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Robert D. Robert Ro	
REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip MORM WILLIAM T. Rudd 137.65 Sw 90 Act K-101 MIAMI FL 33176- MICH ROPERT D. TROSEN/MORM 3506 S.E. 30 PL HONESTEAN, FL 33035	
11. If sertify that I am managing member/manager or the receiver or trustee empowered to execute this app firing this reinstatement application the reason for dissolution has been eliminated, the limited liability company have been easif. The inferrention indicated on this application.	pany name satisfies the requirements of section 608.406, 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. Signature of Managing Member/Manager Date 17/17/2001 Daytime Phone # 305-354-0691	

December 12, 2001

Florida Department of State Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

RE: R&R Capital Holdings, LLC, Document Number L98000003275, Your Oct 10, 2001 Ltr

The partners of R&R Capital Holdings, LLC acknowledge notice of administrative dissolution of our partnership/limited liability company on September 28, 2001 for failure to file annual report/uniform business report.

Neither my partner nor I received the annual notice or any follow-up correspondence regarding the mandatory annual filing requirement. Consequently, we did not realize that we had not met the annual requirement. We request wavier of the \$100 reinstatement fee.

I am enclosing the application for reinstatement for LLCs along with a check in the amount of \$55 to cover the cost of the annual fee and a certificate of status fee. As the active managing partner charged with responsibility for paying the bills and overseeing day-to-day operations of the LLC, I also am changing the mailing address to my own to preclude future delays in receiving and acknowledging correspondence.

I request that you waive and return the reinstatement fee as neither partner received notice of the annual requirement for the uniform business report. A prompt reinstatement prior to the end of the 2001 tax year is requested.

Sincerely,

William T. Rudd

13765 SW 90th Ave, Apt# K-101

William J. Read

Miami, FL 33176-6985

305-254-0891

willrudd@msn.com