

PLEASE PRINT IN BLOCK CAPITALS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 23 PM 12:37

DOCUMENT # L99000007013

1. Limited Liability Company's Name

RAPCDC, LLC

2. Principal Office Address

1 CASUARINA CONCOURSE

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

33143

Country

USA

3. Mailing Office Address

1 CASUARINA CONCOURSE

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

33143

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

10-22-99

6. FEI Number

05-1006098

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

Robert M. Potamkin

Street Address (P.O. Box Number is Not Acceptable)

7714 Fisher Island Dr.

Suite, Apt. #, Etc.

City

Fisher Island

State

FL

Zip Code

33109

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 M. Potamkin

REGISTERED AGENT MUST SIGN

Date 4-23-01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mr	Robert Potamkin	7714 Fisher Island Dr.	Fisher Island, FL 33109
Mr	Alan Potamkin	1 CASUARINA CONCOURSE	Coral Gables, FL 33134

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 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 *

[Signature]

Date 4-23-01

Daytime Phone

305-665-9600

Typed or printed name of signing Managing Member/Manager