## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

SIGNATURE:

## FILED **DOCUMENT # M05000004937** 2007 MAR 27 AM 10: 20 RYDER RECEIVABLE FUNDING II, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 11690 N.W. 105TH STREET 11690 N.W. 105TH STREET MIAMI, FL 33178-1103 MIAMI, FL 33178-1103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012007 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number Applied For 16-1730513 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FATOVIC, ROBERT D 11690 N.W. 105TH STREET Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33178-1103 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to FILE NOW!!! FEE IS \$100.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Delete TITLE ☐ Change < SWIENTON, GREGORY T NAME 600095802536 04/04/07--01085--004 \*\*10 NAME 11690 N.W. 105TH STREET STREET ADDRESS STREET ADDRESS \*\*100.00 MIAMI, FL 331781103 CITY-ST-ZIP CITY-ST-ZIP MGR Delete TITLE MGR Change Addition TITLE LEINBACH, TRACY A NAME NAME JAMIESON, MARK T. 11690 N.W. 105 St. STREET ADDRESS 11690 N.W. 105TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331781103 CITY-ST-ZIP 4iAni - Fl. 33178 TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition BLAKE, MICHAEL J NAME NAME STREET ADDRESS 11690 N.W. 105TH STREET STREET ADDRESS MIAMI, FL 331781103 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME STATEMENT 06 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report is true and adjurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. JORGE DUARTE

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ASST. TREAS.

*305-* 500 - 4690

Daytime Phone #