

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 2:50

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000006765

1. Limited Liability Company's Name

RAR CAPITAL PARTNERS, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 16 Cardinal Drive Suite, Apt. #, etc.		3. Mailing Office Address 16 Cardinal Drive Suite, Apt. #, etc.	
City & State Princeton Junction NJ		City & State Princeton Junction NJ	
Zip 08550	Country USA	Zip 08550	Country USA

4. State/Country of Formation New Jersey	
5. Date Organized or Qualified To Do Business in Florida 12/08/2005	
6. FEI Number 20-1978502	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Peter Z. Skokos		
Street Address (P.O. Box Number is Not Acceptable) 1819 Main Street, Suite 610		
Suite, Apt. #, Etc.		
City Sarasota	State FL	Zip Code 34236

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 	Date 10-4-07

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
MGRM	Alan Braverman	16 Cardinal Drive	Princeton Junction NJ 08550
			10/12/07--01071--020 **105.00

REINSTATEMENT
WOP 2006-2007

BLT

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 	Date 10/1/07
Typed or printed name of signing Managing Member/Manager Alan Braverman	

941-539-9537