

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 03 AM 10:30

DOCUMENT # **L00000008373**

1. Limited Liability Company's Name

**Ro-Mach I Investments, LLC**

**300024047853**  
10/23/03--01003--028 . \*\*50.00

2. Principal Office Address

**101 Madeira Avenue**

Suite, Apt. #, etc.

3. Mailing Office Address

**101 Madeira Avenue**

Suite, Apt. #, etc.

City & State

**Coral Gables**

Zip

**33134**

Country

City & State

**Coral Gables**

Zip

**33134**

Country

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**07/17/2000**

6. FEI Number

**65 1029211**

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

**Carlos M. Machado, Esq.**

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

**101 Madeira Avenue**

Suite, Apt. #, Etc.

City

**Coral Gables**

State

**FL**

Zip Code

**33134**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **10/7/03**

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
MEM	Juan T. Rodriguez	101 Madeira Avenue Coral Gables, FL 33134	Coral Gables, FL 33134
MEM	Carlos M. Machado	101 Madeira Avenue	Coral Gables, FL 33134

**REINSTATEMENT**

**2003**

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 **10/7/03**

Daytime Phone # **(305) 377-1000**

Typed or printed name of signing Managing Member/Manager

**Carlos M. Machado**

CR2E041 (10/02)

292



101 Madeira Avenue  
Coral Gables, Florida 33134

Telephone (305) 377-3334  
Facsimile (305) 377-1055

October 7, 2003

**VIA FEDERAL EXPRESS**

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399  
Att'n: Reinstatements/Katrina

**Re: Reinstatement of A.S.A.P. Title Corp.  
Reinstatement of Ro-Mach Investments, LLC**

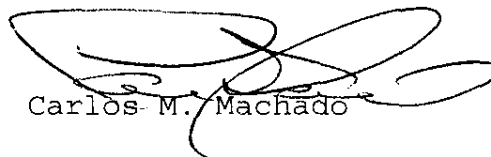
Dear Katrina:

During a telephone conference today, we explained to you that the Annual Reports for the two (2) above-referenced companies were never received by us due to our relocation. By this letter, we hereby request that the Reinstatement Fees for the two (2) companies be waived.

In that regard, enclosed herewith please find Reinstatement Forms for A.S.A.P. Title Corp., a Florida corporation, and for Ro-Mach I Investments, LLC, a Florida limited liability company. We are also enclosing a check for \$150.00 made payable to the Department of State for the reinstatement of A.S.A.P. Title Corp., and a check for \$50.00 made payable to Department of State for the reinstatement of Ro-Mach I Investments, LLC.

Please contact the undersigned at your convenience if you have any questions.

Very truly yours,



Carlos M. Machado

CMM/  
Enc.