

Division of Corporations

* **ATTN: Deborah Bruce**

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L970000
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
Amendment
Name

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000541573)))



H160000541573ABC\$

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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : CORPORATE CREATIONS INTERNATIONAL
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR -2 A 9:39

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY REINSTATEMENT
ROWELL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$655.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L98000002565 1. Limited Liability Company's Name ROWELL LLC			
2. Principal Office Address - No P.O. Box # 11380 Prosperity Farms Road		3. Mailing Office Address 11380 Prosperity Farms Road	
Suite, Apt. #, etc. #221E		Suite, Apt. #, etc. #221E	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33410	Country USA	Zip 33410	Country USA
B. Name and Address of Current Registered Agent			
Name Corporate Creations Network Inc.			
Street Address (P.O. Box Number is Not Acceptable) Suite, 11380 Prosperity Farms Road			
Apt. #, Etc. #221E			
City Palm Beach Gardens	State FL	Zip Code 33410	
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 11/05/1998 with effective date of 11/04/1998			
6. FEI Number			Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent Kristine Roy, Special Secretary Date 03/02/2016 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title MGR	Name of Authorized Representative/Manager OVERSEAS MANAGEMENT LLC	Street Address of Each Authorized Representative/Manager 1666 Connecticut Ave. NW, Ste 222	City / State / Zip Washington, DC 20009
2013-2014 PB			
11. E-mail Address: igeorgiev@corpadvisors.org			
12. I certify that I am an authorized representative/ manager or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
Signature of authorized representative/member		Date 03/02/2016	Daytime Phone # (561) 694-8107
Typed or printed name of signing authorized representative/member: OVERSEAS MANAGEMENT LLC, Manager by: Kristine Roy, Attorney-in-Fact			

CR2E041 (1/14)

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 TALLAHASSEE FLORIDA