L01000018938

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 14 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000018938

1. Limited Liability Company's Name

Rosebud Wood Fiber of Florida L.L.C.

2. Principal Office Address	3. Mailing Office Address
20991 NE Hwy 27	4021 Kiaora Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Williston, FL	City & State: Miami, FL
Zip: 32696 Country: US	Zip: 33133 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/02/2001

6. FEI Number: 651158666 ☐ 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: David P. Goodman

Street Address (P.O. Box Number is Not Acceptable): 4021 Kiaora Street

Suite, Apt. #, Etc.:

City: Miami, FL State: FL Zip Code: 33133

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: David P. Goodman Date: 10/06/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	David P. Goodman	4021 Kiaora Street	Miami, FL 33133
MGR	Edyth S. Goodman	4021 Kiaora Street	Miami, FL 33133

600023772106
10/14/03--01016--010 **200.00

CTRUCTATEMENT

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: David P. Goodman Date: 10/06/03 Daytime Phone # 305 666 7233

Typed or printed name of signing Managing Member/Manager: David P. Goodman, Manager