

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

02 APR 10 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004515

**1. Limited Liability Company's Name**

ROSCOE INVESTMENTS L.L.C.

**2. Principal Office Address**

2832 SMU BLVD

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32817

Country

USA

**3. Mailing Office Address**

2832 SMU BLVD

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32817

Country

USA

**4. State/Country of Formation**

FLORIDA, USA

**5. Date Organized or Qualified  
To Do Business in Florida**

4/19/2000

**6. FEI Number**

65-1000972

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

BRANDON BUCHER

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

2832 SMU BLVD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32817

700005258647-9

04/12/02-01102-009

\*\*\*\*205.00 \*\*\*\*205.00

**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]

Date 4-9-02

REGISTERED AGENT MUST SIGN

**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
<u>MGRM</u>	<u>BRANDON BUCHER</u>	<u>2832 SMU BLVD</u>	<u>ORLANDO, FL 32817</u>

**REINSTATEMENT**

**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 4-9-02

Daytime Phone # 407 468-2545

Typed or printed name of signing Managing Member/Manager

BRANDON BUCHER

CR2E041 (9/01)