

L00000008373

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 03 AM 10:30

LIMITED LIABILITY COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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 <u>101 Madeira Avenue</u>		3. Mailing Office Address <u>101 Madeira Avenue</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Coral Gables</u>		City & State <u>Coral Gables</u>	
Zip <u>33134</u>	Country	Zip <u>33134</u>	Country

4. State/Country of Formation <u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida <u>07/17/2000</u>	
6. FEI Number <u>65 1029211</u>	Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

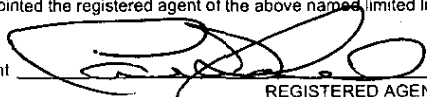
Name Carlos M. Machado, Esq.

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  Date 10/7/03

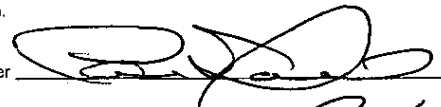
REGISTERED AGENT MUST SIGN

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>Juan J. Rodriguez</u>	<u>101 Madeira Avenue Coral Gables, FL 33134</u>	<u>Coral Gables, FL 33134</u>
<u>MGRM</u>	<u>Carlos M. Machado</u>	<u>101 Madeira Avenue</u>	<u>Coral Gables, FL 33134</u>

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  Date 10/7/03 Daytime Phone # (305) 377-1000

Typed or printed name of signing Managing Member/Manager Carlos M. Machado

CR2E041 (10/02)

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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.