

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L00000009850

FILED

02 NOV 15 AM 9:57

1. DOCUMENT # L00000009850

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001989 01 FP 0.352 **PRSRT T6 0 0615 33137-453150



ROVIC, LLC
2650 BISCAYNE BLVD.
MIAMI FL 33137-4531



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2650 BISCAYNE BLVD. MIAMI FL 33137		5. Date Organized or Qualified To Do Business in Florida 08/16/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1032422	
		Applied For Not Applicable	
		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 SCHINDLER, ROGER J ESQ. 2650 BISCAYNE BLVD. MIAMI FL 33137		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 11/11/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SCHINDLER, ROGER J	2650 BISCAYNE BLVD.	MIAMI FL 33137

12. 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 11/11/02 Daytime Phone (305) 576-1300

Typed or printed name of signing Managing Member/Manager