

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 30 AM 8:00

WL 05/10/04

DOCUMENT # L0000014801

1. Limited Liability Company's Name
RORIRA, LLC

REINSTATEMENT 2003 - 2004

2. Principal Office Address 10067 Pines Boulevard		3. Mailing Office Address 10067 Pines Boulevard	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A	
City & State Pembroke Pines		City & State Pembroke Pines	
Zip 33024	Country UDA	Zip 33024	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida November 27, 2000	
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	

8. Name and Address of Current Registered Agent

Name Ramirez & Watson, P.A. V 02652	
Street Address (P.O. Box Number is Not Acceptable) 10067 Pines Boulevard	
Suite, Apt. #, Etc. Suite A	
City Pembroke Pines	State FL
	Zip Code 33024

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 4/20/04
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
Mgr	Frekat, Inc.	10067 Pines Blvd., Ste A	Pembroke Pines, FL 33024

REINSTATEMENT 2003 - 2004
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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 4/20/04 Daytime Phone # 954 436 0114
Typed or printed name of signing Managing Member/Manager

CR2EM1 (10/02)