

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC -7 AM 8:13

DOCUMENT # L01000006761

1. Limited Liability Company's Name

Rosbon, LLC

2. Principal Office Address

2109 EAST PALM AVE.

Suite, Apt. #, etc.

SUITE 202

City & State

TAMPA, FL.

Zip

33605

Country

US

3. Mailing Office Address

SAME AS "2"

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

4/24/01

6. FEI Number

59372435

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

SAM REIBER

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

2109 EAST PALM AVE.

Suite, Apt. #, Etc.

SUITE 202

City

TAMPA

State
FL

Zip Code

33605

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

12/5/06

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
Manager	SAM REIBER	2109 EAST PALM AVE	TAMPA, FL
			500082334005 12/07/06 01004 019 **200.00
			REINSTATEMENT 05-06

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

12/5/06

Daytime Phone #

813-386-3694

Typed or printed name of signing Managing Member/Manager

SAM REIBER