

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]*

REGISTERED AGENT MUST SIGN

Date

12/5/06

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

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