

L01000018938

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000018938

1. Limited Liability Company's Name

Rosebud Wood Fiber of Florida L.L.C.

2. Principal Office Address

20991 NE Hwy 27

Suite, Apt. #, etc.

City & State

Williston, FL

Zip

32696

Country

US

3. Mailing Office Address

4021 Kiaora Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33133

Country

US

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

11/02/2001

6. FEI Number

651158666

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

David P. Goodman

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

4021 Kiaora Street

Suite, Apt. #, Etc.

City

Miami, FL

State

FL

Zip Code

33133

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

David P. Goodman

Date

10/06/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	David P. Goodman	4021 Kiaora Street	Miami, FL 33133
MGR	Edyth S. Goodman	4021 Kiaora Street	Miami, FL 33133

800023772106

10/14/03--01016--010 **200.0

REINSTATEMENT
REINSTATEMENT

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

David P. Goodman

Date

10/06/03

Daytime Phone #

305 666 7233

Typed or printed name of signing Managing Member/Manager

David P. Goodman, Manager