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LIMITED LIABILITY REINSTATEMENT

ROSE VENTURES LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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CR2E041 (8/05)

DOCUMENT # L02000005564

1. Limited Liability Company's Name
ROSE VENTURES LLC
120 NE 136TH AVE STE 200
VANCOUVER, WA 98684-6964

2. Principal Office Address	3. Mailing Office Address
120 NE 136TH AVE	120 NE 136TH AVE
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: VANCOUVER	City & State: VANCOUVER
Zip: WA / Country: USA	Zip: WA / Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 03/08/2002

6. FEI Number: 74-3039902 ☐ 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: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation | State: FL | Zip Code: 33324

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: Kathleen C. Gareipy Date: 4/21/06
Kathleen C. Gareipy REGISTERED AGENT MUST SIGN Asst. Sec.

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
MGRM	GEORGES C ST LAURENT, JR	120 NE 136TH AVE STE 200	VANCOUVER, WA 98684-6964
MGRM	ROBERT B POWELL	7375 SW 154TH TERRACE	MIAMI, FL 33157
	REINSTATEMENT 2005-2006		

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 petition for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.508, 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: Date: 4/19/06 Daytime Phone #: 360.260.9145

Typed or printed name of signing Managing Member/Manager: GEORGES C ST LAURENT, JR