

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 27 AM 9:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L02 00000 8148

Robert Roth, LLC.

2. Principal Office Address

4465 Baymeadows Rd

Suite, Apt. #, etc.

#7

City & State

Jacksonville

Zip

32217

Country

USA

3. Mailing Office Address

P.O. Box 24005

Suite, Apt. #, etc.

City & State

Jacksonville

Zip

32241

Country

USA

4. State/Country of Formation

Florida / USA

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

4/4/2002

6. FEI Number

59 3484850

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Robert I. Roth

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

4465 Baymeadows Rd. #7

Suite, Apt. #, Etc.

#7

City

Jacksonville

State

FL

Zip Code

32217

100081258991

10/27/06--01007--001 **300.00

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

10/24/2006

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
MEM	Robert I. Roth	4465 Baymeadows Rd #7	Jacksonville, FL 32217
MEM	Sandra G. Roth	4465 Baymeadows Rd #7	Jacksonville, FL 32217
			11-7-06

REINSTATEMENT

03-06

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

10/24/06

Daytime Phone #

904 733-8836

Typed or printed name of signing Managing Member/Manager

Robert I. Roth