

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT #		LO200008148
1. Limited Liability Company's Name		

FILED

06 OCT 27 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Robert Roth, LLC.

2. Principal Office Address 4405 Baymeadows Rd Suite, Apt. #, etc. #7		3. Mailing Office Address P.O. Box 24005 Suite, Apt. #, etc. 	
City & State Jacksonville		City & State Jacksonville	
Zip 32217	Country USA	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 593484850			
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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) 4405 Baymeadows Rd. #7 Suite, Apt. #, Etc. #7 City Jacksonville			
		State FL	Zip Code 32217
100081258991 10/27/06--01007--001 **300.00 Date 10/24/2006			

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 

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
MR	Robert I. Roth	4405 Baymeadows Rd #7	Jacksonville, FL 32217
ALGRM	Sandra G. Roth	4405 Baymeadows Rd #7	Jacksonville, FL 32217
			11-704
		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 

Date **10/24/06** Daytime Phone # **904 733-8836**

Typed or printed name of signing Managing Member/Manager **Robert I. Roth**