

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000012317

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 30 AM 8:03

DOCUMENT # **L02000012317**

1. Limited Liability Company's Name

Rockledge Investigations, LLC

REINSTATEMENT 2003-2004

2. Principal Office Address

1504 S. Fiske Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1504 S. Fiske Blvd

Suite, Apt. #, etc.

City & State

Rockledge Florida

City & State

Rockledge Florida

Zip

32955

Country

Brevard

Zip

32955

Country

Brevard

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

May 20, 2002

6. FEI Number

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

Kathryn G Mantia

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

1504 S. Fiske Blvd

Suite, Apt. #, Etc.

City

Rockledge

State
FL

Zip Code
32955

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

Kathryn G Mantia
REGISTERED AGENT MUST SIGN

Date 03/25/04

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	Robert Mantia Jr	1504 S Fiske Blvd	Rockledge FL 32955

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

Robert Mantia Jr

Date 3-24-04

Daytime Phone# 407-902-7164

Typed or printed name of signing Managing Member/Manager

Robert MANTIA JR

CR20041 (10/02)