

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
John W. Harris  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 14 PM 3:26

06/17/04

DOCUMENT # 102000021506

1. Limited Liability Company's Name

ROLARIS GABLES LLC

REINSTATEMENT 2003-2004

2. Principal Office Address

7300 NW 19 STREET

Suite, Apt. #, etc.

715

City & State

MIAMI, FL

Zip

33126

Country

USA

3. Mailing Office Address

7300 NW 19 STREET

Suite, Apt. #, etc.

715

City & State

MIAMI, FL

Zip

33126

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

1/28/2002

6. FEI Number

43-1972141

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

ALFONSO CORDERO

100031067951

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

8025 NW 36 STREET

03/24/04 01032 022

Suite, Apt. #, Etc.

302

900.00

City

MIAMI

State

FL

Zip Code

33166

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

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
MGR	PEDRO GARCIA	7300 NW 19 ST STE 715	MIAMI, FL 33126
T	SALVADOR HERNANDEZ LEON	7300 NW 19 ST STE 715	MIAMI, FL 33126
MGR GRM	FELIX GARCIA-RIPOLL	7300 NW 19 ST STE 715	MIAMI, FL 33126
MGR	JOHNNY E. BALLISTA	7300 NW 19 ST STE 715	MIAMI, FL 33126
REINSTATEMENT 2003-2004			

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager