

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 APR 29 PM 3:03

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022318

1. Limited Liability Company's Name

ROAR ENTERPRISES, LLC

2. Principal Office Address

PO BOX 32335

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

Zip

33420

Country

USA

3. Mailing Office Address

PO BOX 32335

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS, FL

Zip

33420

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

8-28-02

6. FEL Number

55-0794709

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

CURTIS L. SHENKMAN, ESQ.

400034537984

04/29/04--01012--015 \*\*200 00

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

11891 US HIGHWAY ONE

Suite, Apt. #, Etc.

City

NORTH PALM BEACH

State  
FL

Zip Code  
33418

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

REGISTERED AGENT MUST SIGN

Date 4-22-04

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	ROBIN ARRIGHI	PO BOX 32335	PALM BEACH GARDENS, FL 33420

REINSTATEMENT

2003-04-22

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 4-24-04

Daytime Phone # 561-630-5554

Typed or printed name of signing Managing Member/Manager ROBIN ARRIGHI

CR2E041 (10/02)