

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 AM 11:53

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

DOCUMENT # L02000022319

1. Limited Liability Company's Name ROAR MANALAPAN, LLC

300034545993 04/29/04--01015--004 **200.00

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. FEI Number 55-0794716 7. CERTIFICATE OF STATUS DESIRED [X] \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent Name CURTIS L. SHENKMAN, ESQ. 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 [Signature] Date 4-22-04 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers Table with columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Entry: MGRM, ROBIN ARRIGHI, PO BOX 32335, PALM BEACH GARDENS, FL 33420. Includes stamp: REINSTATEMENT 2003-04

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. Signature of Managing Member/Manager [Signature] Date 4-24-04 Daytime Phone # 361-630-5554 ROBIN ARRIGHI

CR2E041 (10/02)