L02000027442

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 16 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000027442

1. Limited Liability Company's Name

Retro Services, LLC

2. Principal Office Address	3. Mailing Office Address
5061 NE 13th Ave.	3530 Merrick Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oakland Park, FL	City & State: Seaford, NY 11783
Zip: 33334 Country: USA	Zip: 11783 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: Oct. 17, 2002

6. FEI Number: Applied For / Not Applicable: XX

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Theodore T. Tarone, Jr.

Street Address (P.O. Box Number is Not Acceptable): 180 Royal Palm Way , Suite 201

Suite, Apt. #, Etc.:

City: Palm Beach, FL 33480 State: FL Zip Code: 33480

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: 10/13/2003

REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
Memb.	Dean Poupis	3530 Merrick Rd. Seaford, NY 11783	
Mgrm			
	STATEMENT 2003		100023827851
		MK	

11. I certify that I am a 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: Dean Poupis Date: 10/9/03 Daytime Phone #: 516 551 1317

Typed or printed name of signing Managing Member/Manager: Dean Poupis, Member

CORPORATION SERVICE COMPANY

L02000027442

1 ACCOUNT NO. : 072100000032

REFERENCE : 280690 7291850

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 155.00

ORDER DATE : October 15, 2003

ORDER TIME : 10:45 AM

ORDER NO. : 280690-005

CUSTOMER NO: 7291850

CUSTOMER: Mr. Theodore T. Tarone, Jr.
Stambaugh & Tarone, P.a.
Suite 201
180 Royal Palm Way
Palm Beach, FL 33480

RECEIVED
03 OCT 15 PM 1:04
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: RETRO SERVICES, LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____