

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Governor's Office Secretary of State DIVISION OF CORPORATIONS
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L02000027739

FILED

03 NOV 13 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. DOCUMENT # L02000027739

Name and Mailing Address

0006815 01 AT 0.292 **AUTO T6 0 0615 33157-486720



ROCKER CONSULTING GROUP, LLC
16920 SW 78TH PLACE
MIAMI FL 33157-4867

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/18/2002	
Principal Place of Business 16920 SW 78TH PLACE MIAMI FL 33157	3. New Principal Place of Business Address	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent	
ROCKER, WILLIAM A 16920 SW 78TH PLACE MIAMI FL 33157	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	
	FL	Zip Code

10. 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 William A. Rocker **REGISTERED AGENT MUST SIGN** Date 11/5/03

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ROCKER, WILLIAM	16920 SW 78TH PLACE	MIAMI FL 33157
300024639713 11/13/03--01051--015 **150.00 REINSTATEMENT 03			

12. 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 William A. Rocker Date 11/5/03 Daytime Phone # 305-232-4311

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)