

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 23 AM 8:28

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000008129

1. Limited Liability Company's Name

ROCKBRAND CONSTRUCTION, LLC

REINSTATEMENT

04-05

2. Principal Office Address

2937 S.W. 27 AVE

3. Mailing Office Address

2937 S.W. 27 AVE

Suite, Apt. #, etc.

200-A

Suite, Apt. #, etc.

200-A

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

03-06-2003

6. FEI Number

13-4248039

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

ANIBAL ROCKBRAND

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

13255 S.W. 137TH AVENUE

Suite, Apt. #, Etc.

207

City

MIAMI

State

FL

Zip Code

33186

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 2-16-05

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	ROCKBRAND, ANIBAL	13255 S.W. 137TH AVENUE SUITE 20	MIAMI, FL. 33186
MGR	Eddy Peña	3450 NW 95TH	Miami, FL. 33133

400049451724

03/30/05--01007--004 **200.00

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 2-16-05

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Anibal - Rockbrand

CR2E041 (10/02)