

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV -1 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L03000020925

1. Limited Liability Company's Name

Rondal, LLC

2. Principal Office Address

8852 SW 18th Road

Suite, Apt. #, etc.

3. Mailing Office Address

8852 SW 18th Road

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Boca Raton

Zip  
FL

Country  
USA

Zip  
FL

Country  
USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

06/10/03

6. FEI Number

80-0076293

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

Howard Reed, CPA

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

2424 N. Federal Highway

Suite, Apt. #, Etc.

Ste 200

City

Boca Raton

State  
FL

Zip Code  
33431

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

*Howard Reed*

Date

10/28/04

REGISTERED AGENT MUST SIGN

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	William Rabon	8852 SW 18th Road	Boca Raton, FL 33433

200042360952

11/01/04 01063 005 \*\*\*150.00

REINSTATEMENT

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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

*William R Rabon*

Date

10/28/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager