

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -9 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000013906

1. Corporation Name

Rose, L.L.C

2. Principal Office Address - No P.O. Box #

500 S.R 436

Suite, Apt. #, etc.

Suite 2016

City & State

Casselberry, FL

Zip

32707

Country

USA

3. Mailing Office Address

500 S.R 436

Suite, Apt. #, etc.

Suite 2016

City & State

Casselberry, FL

Zip

32707

Country

USA

700167558977
01/29/10-01039-004 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

02/20/2004

5. FEI Number

200752910

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Sadiq Mandani

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

500 S.R. 436

Suite, Apt. #, Etc.

Suite 2016

City

Casselberry

State

FL

Zip Code

32707

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Sadiq Mandani
REGISTERED AGENT MUST SIGN

Date 01-21-10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGR	Sadiq Mandani	500 S.R. 436 Suite 2016	Casselberry, FL 32707
MGR	Kairunisha Mandani	500 S.R. 436 Suite 2016	Casselberry, FL 32707

JB

REINSTATEMENT 2008-10

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify 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:

Sadiq Mandani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-10

Date

Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Division of Corporations

232
FILED

10 APR -9 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 3, 2010

ROSE, L.L.C.
500 S.R. 436, SUITE 2016
CASSELBERRY, FL 32707

SUBJECT: ROSE LLC
Ref. Number: L07000024235

We have received your document for ROSE LLC and your check(s) totaling \$450.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 210A00002813