

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05  
200.00

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 10 AM 8:19

DOCUMENT # L04000029212

1. Limited Liability Company's Name

CARLOS EDUARDO RODRIGUEZ LLC

200074055722  
05/05/06--01019--016 \*\*200.00  
CR2E041 (8/05)

2. Principal Office Address 5844 STAFFORD SPRING TR (SAME)		3. Mailing Office Address (SAME)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO, FL.		City & State	
Zip 32829	Country USA	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 4/16/2004	
6. FEI Number 201005017	Applied For Not-Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name CARLOS RODRIGUEZ		
Street Address (P.O. Box Number is Not Acceptable) 5844 STAFFORD SPRING TRAIL		
Suite, Apt. #, Etc.		
City ORLANDO	State FL	Zip Code 32829

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 C. E. Rodriguez Date 03-05-06  
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
MGR	CARLOS E. RODRIGUEZ	5844 STAFFORD SPRING TR.	ORLANDO, FL. 32829

REINSTATEMENT 05-06

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 C. E. Rodriguez Date 03-05-06 Daytime Phone (321) 239-9671  
Typed or printed name of signing Managing Member/Manager CARLOS E. RODRIGUEZ