

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -3 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000033385

1. Limited Liability Company's Name

RS ROSAURA LLC

100162149411
10/26/09--01022--025 **655.00

CR2E041 (10/08)

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

14115 S.DIXIE HWY

Suite, Apt. #, etc.

G

City & State

Palmetto Bay, FL

Zip

33176

Country

USA

3. Mailing Office Address

14115 S.DIXIE HWY

Suite, Apt. #, etc.

G

City & State

Palmetto Bay, FL

Zip

33176

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

May 03, 2004

6. FEI Number

20-1087804

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

ROSAURA E. SIAS

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

14115 S. DIXIE HWY

Suite, Apt. #, Etc.

G

City

Palmetto Bay

State

FL

Zip Code

33176

☐ A \$100 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 \$100
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/29/09

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
President	ROSAURA E. SIAS	14115 S.DIXIE HWY Ste. G	Palmetto Bay, FL 33176
VP	Armin Pipenburg	14115 S. Dixie Hwy Ste G	Palmetto Bay, FL 33176
Secret.	Kelly Woo	14115 S. Dixie Hwy Ste G	Palmetto Bay, FL 33176
Treas.	Romy Woo	14115 S. Dixie Hwy Ste. G	Palmetto Bay, FL 33176

REINSTATEMENT

2006-09

JB

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

[Signature]

Date

9/29/09

Daytime Phone #

305-232-8815

Typed or printed name of signing Managing Member/Manager

ROSAURA E. SIAS