9-16-05
250.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 31 AM 9:47

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000036663

1. Limited Liability Company's Name
Rosemax GP, LLC

600087498916
02/06/07--01046--002 **200.00
600087499078
02/06/07--01046--003 **50.00

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
800 Keeler			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Berkeley, CA			
Zip	Country	Zip	Country
94708	US		

4. State/Country of Formation: FLUS

5. Date Organized or Qualified To Do Business In Florida: 5/13/2004

6. FEI Number: ☐ 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: Laurence A. Parnes

Street Address (P.O. Box Number is Not Acceptable): 1320 South Dixie Highway

Suite, Apt. #, Etc.: Suite 750

City: Coral Gables | State: FL | Zip Code: 33146

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: Laurence A Parnes Date: 12/18/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Ginger A. Parnes	800 Keeler	Berkeley, CA 94708
		REINSTATEMENT 05-07	

11. I certify that I am a 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: Ginger A Parnes Date: 12/19/06 Daytime Phone # 510 524 5654

Typed or printed name of signing Managing Member/Manager: Ginger A. Parnes