

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 JAN 12 AM 9:30

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L04000048824

1. Limited Liability Company's Name

ROSA HOLDINGS, LLC

CR2E041 (8/05)

2. Principal Office Address

2931-2 CRESCENT DRIVE
Suite, Apt. #, etc.

3. Mailing Office Address

2931-2 CRESCENT DRIVE
Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6-29-04

6. FEI Number

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

City & State

TALLAHASSEE, FLORIDA

City & State

TALLAHASSEE, FLORIDA

Zip

32301

Country

LEON

Zip

32301

Country

LEON

8. Name and Address of Current Registered Agent

Name

Pedro Rosa

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

2931-2 CRESCENT DR

Suite, Apt. #, Etc.

TALLAHASSEE FL 32301

City

State

FL

Zip Code

200064606102

01/27/06--01005--010 **100.00

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

Pedro Rosa

REGISTERED AGENT MUST SIGN

Date 1-11/06

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	Pedro Rosa	2931-2 Crescent Dr	TALL FL 32301

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

Pedro Rosa

Date 1/11/06

Daytime Phone # 904 878 3066

Typed or printed name of signing Managing Member/Manager

Attn: Division of Corps.

Please be advised that
we did not receive our
2005 Annual report.

Our correct mailing & principle
address is.

2931-2 Crescent Dr
Tallahassee FL 32301

please reinstate

x Richard J. Ross

Manager
Member.

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TALLAHASSEE, FLORIDA