

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
STATE  
FEB 24 AM 9:42

DOCUMENT # L04000069119

1. Limited Liability Company's Name

ROMAR INVESTMENTOS, LLC

300067306359  
02/07/06--01018--032 \*\*150.00  
CR2E041 (8/05)

2. Principal Office Address

18407 W. Dixie Hwy

Suite, Apt. #, etc.

City & State

N. Miami Beach-FL

Zip  
33160

Country

DDDE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

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

MARIA SHEMESH

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

18407 W. Dixie Hwy

Suite, Apt. #, Etc.

City

North Miami Beach-FL

State

FL

Zip Code

33160

04/22/05 90050 047 \$55.00

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

Maria Shemesch / Maria Ryane Shemesch

Date 02/17/06

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
<u>MGR</u>	<u>MARILINA ROSSI HASIERO</u>	<u>13155 IXORA CT # 1105</u>	<u>North Miami Beach, FL 33181</u>
<u>MGRM</u>	<u>LUIZ ENRIQUE MARTIN AVILA</u>	<u>13155 IXORA CT # 1105</u>	<u>North M. Beach, FL 33181</u>

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

Maria Ryane Shemesch

Date 02/17/06

Daytime Phone # 3059339313

Typed or printed name of signing Managing Member/Manager

MARIA REJANE SHEMESCH