

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 SEP 10 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200160441232
09/09/09--01019--013 ***516.25

CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000087716

1. Limited Liability Company's Name

Roman Capital LLC

2. Principal Office Address - No P.O. Box #
16 Diana's Circle

Suite, Apt. #, etc.

City & State

Roslyn Estates, NY

Zip

11576

Country

USA

3. Mailing Office Address

16 Diana's Circle

Suite, Apt. #, etc.

City & State

Roslyn Estates, NY

Zip

11576

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

Dec. 6, 2004

6. FEI Number

25-1906358

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip

32301-2525

☐ 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 606, F.S.

Signature of

Registered Agent

Amy Schwal

Date

9/8/09

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
MGRM	Lawrence Goodman	16 Diana's Circle	Roslyn Estates, New York 11576
MGRM	Robert Sires	130 Old Stonewall	Easton, CT 06612

REINSTATEMENT 07-09AL

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

Lawrence Goodman

Date Sept. 8, 2009

Daytime Phone # 212-696-6099

Typed or printed name of signing Managing Member/Manager Lawrence Goodman