

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000030215

1. Limited Liability Company's Name

BLOOMROSE DISTRIBUTORS, LLC

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

18301 NW 2nd COURT

Suite, Apt. #, etc.

3. Mailing Office Address

18301 NW 2nd COURT

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip  
33169

Country  
USA

Zip  
33169

Country  
USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

03/24/2005

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  
JANET RUDDOCK

Street Address (R.O. Box Number is Not Acceptable)  
18301 NW 2nd COURT

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33169

☐ 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

*Janet Ruddock*

REGISTERED AGENT MUST SIGN

Date 10/09/2007

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	JANET RUDDOCK	18301 NW 2nd COURT	MIAMI, FLORIDA 33169
MGR	WENDY-ANN RUDDOCK	18301 NW 2nd COURT	MIAMI, FLORIDA 33169

REINSTATEMENT 06-07

500110863165  
11/05/07--01001--022 \*\*\*45.00

W07-52398

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

*Janet Ruddock*

Date 10/09/2007

Daytime Phone # 954-889-3125

Typed or printed name of signing Managing Member/Manager JANET RUDDOCK