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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 SEP 26 PM 12:54

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L05000077602

1. Limited Liability Company's Name

**Roman Installers LLC**

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 714 43RD STREET | 714 43RD STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| WEST PALM BEACH | WEST PALM BEACH |
| Zip 33407 Country USA | Zip 33407 Country USA |

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 08/05/2005

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: CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable): 11380 PROSPERITY FARMS ROAD

Suite, Apt. #, Etc.: #221E

City: PALM BEACH GARDENS State: FL Zip Code: 33410

☐ 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: Yulia Ogurchikova, Asst. Secretary Date: 9/26/2007

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 |
|---|---|---|---|
| MGR | ZOLTAN GERENCSER | 714 43RD STREET | WEST PALM BEACH, FL 33407 |
| | | | |
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REINSTATEMENT
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BLT

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: Valerie Hawk Date: 9/26/2007 Daytime Phone #: 561-694-8107

Typed or printed name of signing Managing Member/Manager: ZOLTAN GERENCSER By Valerie Hawk, as attorney-in-fact

Division of Corporations

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# Florida Department of State
## Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

# LIMITED LIABILITY REINSTATEMENT

## ROMAN INSTALLERS LLC

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| Certificate of Status | 0 |
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