PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 18 PM 1:50

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000090682

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06/12/08--01041--007 **516.25

CR2E041 (12/07)

1. Limited Liability Company's Name

R J ROSE, LLC

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
128 N.E. 2nd Ave.	128 N.E. 2nd Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33132 Country:	Zip: 33132 Country:

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business In Florida: September 14, 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: ELIAS MOUSSA

Street Address (P.O. Box Number is Not Acceptable): 128 N.E. 2nd Ave.

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33132

☐ 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: [signature] REGISTERED AGENT MUST SIGN Date: 6/10/08

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	ELIAS MOUSSA	128 N.E. 2nd Ave.	Miami, FL 33132

REINSTATEMENT
06-08 Celt

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 605.0108, 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: [signature] Date: 6/10/08 Daytime Phone #: (305) 381-9030

Typed or printed name of signing Managing Member/Manager: ELIAS MOUSSA, Manager