

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 NOV 15 AM 10:31

DOCUMENT # **L 05000114976**

1. Limited Liability Company's Name

Romo Commercial Investments LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 1030 Arabian Dr.		3. Mailing Office Address 1030 Arabian Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Loxahatchee, FL		City & State Loxahatchee FL	
Zip 33470	Country US.	Zip 33470	Country US.

4. State/Country of Formation Florida, US	
5. Date Organized or Qualified To Do Business in Florida 12/1/05	
6. FEI Number 270133816	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Bruce W. Keihner		
Street Address (P.O. Box Number is Not Acceptable) 125 Worth Ave., Ste. 330		
Suite, Apt. #, Etc. 330		
City Palm Beach	State FL	Zip Code 33480

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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

REGISTERED AGENT MUST SIGN

Date

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
P	Edilmer F. Robledo	1030 Arabian Dr.	Loxahatchee, FL 33470
Mgrm	Angela Robledo	1030 Arabian Dr.	Loxahatchee, FL 33470
Mgrm	Elizabeth Morales	1030 Arabian Dr.	Loxahatchee FL 33470
Mgrm	John Morales	1030 Arabian Dr.	Loxahatchee FL 33470
REINSTATEMENT 07-10			

11. E-mail Address: **hgreatnouse@icvanspa.com**

(To be used for future annual report notifications)

12. 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

Edilmer F. Robledo

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

N. Culligan NOV 17 2010