PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
16 APR 21 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000012198

1. Limited Liability Company's Name
Rosmic LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1101 Via Tuscany Lane	1470 Royal Palm Sq Blvd
Suite, Apt., #, etc. Unit 202	Suite, Apt. #, etc
City & State Miromar Lakes, FL	City & State Ft Myers, FL
Zip: 33913 Country: USA	Zip: 33919 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 02/02/2006

6. FEI Number: 20-4411957 ☐ 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
Patti R Hardin

Street Address (P.O. Box Number is Not Acceptable) Suite,
1470 Royal Palm Sq Blvd

Apt. #, Etc

City: Ft Myers State: FL Zip Code: 33919

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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 605, F.S.

Signature of Registered Agent: Patti R Hardin Date: 3/28/2016
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Rosalie Rothlin	28 Brooks St Linley Point	Sydney, Australia 2066

REINSTATEMENT

S. HAWKES
APR 25 A.M.
EXAMINER

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Rosalie Rothlin Date: 4/12/16 Daytime Phone #: _____

Typed or printed name of signing authorized representative/member: Rosalie Rothlin

S. HAWKES
APR 25 A.M.
EXAMINER