

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 25 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD6000046103
1. Limited Liability Company's Name

LA ROSADO LLC

400173150824
03/25/10--01037--009 **377.50
CR2E041 (11/09)

| | | | |
|--|----------------------|---------------------------|---------|
| 2. Principal Office Address - No P.O. Box # <u>4207 W HENRY AVE</u> | | 3. Mailing Office Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State <u>TAMPA, FL</u> | | City & State | |
| Zip <u>33614</u> | Country <u>FL</u> | Zip | Country |

| | |
|--|--|
| 4. State/Country of Formation <u>FL</u> | |
| 5. Date Organized or Qualified To Do Business in Florida <u>MAY 5 2006</u> | |
| 6. FEI Number <u>204810963</u> | 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 <u>PEDRO RODRIGUEZ ROSADO</u> | | | |
| Street Address (P.O. Box Number is Not Acceptable) <u>4207 W HENRY AVE</u> | | | |
| Suite, Apt. #, Etc. | | | |
| City <u>TAMPA</u> | State <u>FL</u> | Zip Code <u>33614</u> | |

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] Date 03-22-2010

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 |
| MGM | <u>PEDRO RODRIGUEZ ROSADO</u> | <u>4207 W HENRY AVE</u> | <u>TAMPA, FL 33614</u> |
| | <u>L. SELLERS</u> | | |
| | <u>MAR 26 2010</u> | | |
| | <u>EXAMINER</u> | | |
| | | <u>REINSTATEMENT</u> | <u>09-10</u> |

11. E-mail Address: PROSADO 95 @ YAHOO.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 [Signature] Date 03-22-10 Daytime Phone # 813-7857747

Typed or printed name of signing Managing Member/Manager