

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2012 JUN 13 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000063577

1. Limited Liability Company's Name  
S. C. Rocker Properties, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #  
118 LAKE HOLLINGSWORTH DR.

3. Mailing Office Address  
P.O. Box 930

City & State  
LAKE LAND FL.

City & State  
Polk

4. State/Country of Formation  
FL.

5. Date Organized or Qualified To Do Business in Florida  
3-19-08

6. FEI Number  
26-2176074

Zip  
33801

Country  
Polk

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent  
Name  
S. Elizabeth Rocker Pereira  
Street Address (P.O. Box Number is Not Acceptable)  
118 LAKE HOLLINGSWORTH DR.  
Suite, Apt. #, Etc.  
City  
LAKE LAND FL State  
FL Zip Code  
33801

E-mail Address:  
700236353227  
06/13/12--01021--013 \*\*377.50  
(To be used for future annual report notices)

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 S. Elizabeth Rocker Pereira Date 6-7-12  
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
<u>Mgr</u>	<u>E. Rocker Pereira</u>	<u>118 L. Hollingsworth Dr.</u>	<u>LAKE LAND FL 33801</u>
<u>V.P.</u>	<u>Chas L. Rocker, Jr.</u>	<u>603 Kettner Ct</u>	<u>St. Augustine FL 32086</u>

REINSTATEMENT

11-12 RL

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. 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 Managing Member/Manager S. Elizabeth Rocker Pereira Date \_\_\_\_\_ Daytime Phone # 903-653-4742  
Typed or printed name of signing Managing Member/Manager E. R. PEREIRA