

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 24 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000064838

1. Limited Liability Company's Name

Royal Coast International LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

3074. Adkins Forest Ln

Suite, Apt. #, etc.

3. Mailing Office Address

Po Box 28

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Tallahassee

Zip

32311

Country

FL

Zip

32302

Country

FL

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

58260-1106

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

BRIAN E. FITZGERALD

Street Address (P.O. Box Number is Not Acceptable)

903 1/2 N. Monroe St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

Date

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
MGR	Lasz lone Porcsin	301. E Carolina St apt 903	Tallahassee, FL 32301
MGR	Gyula Csaba	3074. Adkins Forest Ln	Tallahassee, FL 32311
REINSTATEMENT 07/08			900138237539 11/24/08--01008--017 **277.50

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.

Signature of Managing Member/Manager

Kaloe' Peura

Date 11-24-08

Daytime Phone #

850-591-9435

Typed or printed name of signing Managing Member/Manager

LASZLONE PORCSIN