

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 CORPORATIONS

08 OCT 29 PM 2:19

DOCUMENT # L06000109328

1. Limited Liability Company's Name

Rowe General Services LLC

CR2E041 (10/08)

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

4061 Coconut Blvd.

3. Mailing Office Address

"

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

"

Zip

33411

Country

USA

Zip

"

Country

"

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Nov. 13, 2006

6. FEI Number

13-4355384

☐ 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

Michael A. Rowe

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

4061 Coconut Blvd.

Suite, Apt. #, Etc.

City

West Palm Beach,

State

FL

Zip Code

33411

☒ 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

Michael Rowe

Date 10/22/08

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>MGRM</u>	<u>Michael A. Rowe</u>	<u>4061 Coconut Blvd.</u>	<u>West Palm Beach, FL 33411</u>

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10/27/08--01058--012 **277.50

REINSTATEMENT 07-08

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

Michael Rowe

Date 10/22/08

Daytime Phone # 754-245-5255

Typed or printed name of signing Managing Member/Manager

Michael Rowe