

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 CORPORATION

10 FEB 16 PM 2:44

DOCUMENT # LO6000116743

1. Limited Liability Company's Name

ROILI INVESTMENTS LLC
1486 SANDPIPER CIRCLE
WESTON, FL 33327-1663

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8441 W. COMMERCIAL BLVD.

TAMARAC, FLORIDA

33351

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12-6-2006

6. FEI Number

26-3633900

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

ALBRECHT, RONALD E.

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

8441 W. COMMERCIAL BLVD.

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33351

☒ 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

Ronald E. Albrecht

Date

NOV 13/2009

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
MEMGR	LILIANA ALBRECHT	1486 SANDPIPER CIRCLE	WESTON, FL. 33327
MEMGR	RONALD E. ALBRECHT	1486 SANDPIPER CIRCLE	WESTON, FL. 33327

11. E-mail Address: GLGOBER4@AOL.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

Ronald E. Albrecht

Date

11-13-09

Daytime Phone #

954-720-0126

Typed or printed name of signing Managing Member/Manager