

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000048881

1. Limited Liability Company's Name

RICHARD J ROKOWSKI LLC

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

1424 EASTON STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32825

Country

USA

3. Mailing Office Address

1424 EASTON STREET

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32825

Country

USA

REINSTATEMENT 09-11

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

05/15/08

6. FEI Number

59-0748358

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name **RICHARD J ROKOWSKI**

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

1424 EASTON STREET

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32825

E-mail Address:

500208212655
05/27/11--01034--010 **516.25

RROKOWSKI@CFL.RR.COM

(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

Date **MAY 23, 11**

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
MGMR	RICHARD J ROKOWSKI	1424 EASTON STREET	ORLANDO, FL 32825

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

Date **05/23/11**

Daytime Phone # **407-340-4320**

Typed or printed name of signing Managing Member/Manager **RICHARD J ROKOWSKI**