PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JUL 14 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000044263

1. Limited Liability Company's Name:
ROHI MARKETING LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10034 Ibis Reserve Circle	10034 Ibis Reserve Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33412 Country: USA	Zip: 33412 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 03-30-2012

6. FEI Number: 45-4930223 ☐ 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: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32301

800262261938

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Emily Gray Asst VP Date: 6/5/14
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Zolangie Villamil	10034 Ibis Reserve Circle	West Palm Beach, FL 33412

REINSTATEMENT
JUL 14 2014
R. HUNT

11. E-mail Address:
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Zolangie Villamil Date: 6/4/14 Daytime Phone #: 561-452-1878

Typed or printed name of signing Authorized Representative/Manager: Zolangie Villamil

CSC

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 114456 7879608

AUTHORIZATION : [signature]

COST LIMIT : $377.50

ORDER DATE : April 30, 2014

ORDER TIME : 8:34 AM

ORDER NO. : 114456-010

CUSTOMER NO: 7879608

DOMESTIC FILINGS

NAME: ROHI MARKETING LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

________ CERTIFIED COPY
XX PLAIN STAMPED COPY
________ CERTIFICATE OF GOOD STANDING

RECEIVED
14 JUL 14 PM 2:18

CONTACT PERSON: Emily Gray - Ext# 62925

JUL 14 2014

EXAMINER'S INITIALS R. HUNT