PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 APR -2 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L13000029904

1. Limited Liability Company's Name

ROLES LLC

800382758348
04/08/19--01003--001 **852.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2650 Biscayne Blvd	2650 Biscayne Blvd
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State: Miami FL	City & State: Miami FL
Zip: 33137 Country: US	Zip: 33137 Country: US

4. State/Country of Formation: Florida/ US

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 35-2472216 ☐ 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: Roger Schindler

Street Address (P.O. Box Number is Not Acceptable) Suite:
2650 Biscayne Blvd

Apt. # Etc.

City: Miami FL | State: FL | Zip Code: 33137

Reinst. (14-19) DC 4-3-19

(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 _____ Date 3 4.1.19

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
MGR	Jessica Castroman	2650 Biscayne Blvd	miami FL 33137

11. E-mail Address: Jcastroman@miami-law.net
(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 3/27/2019 Daytime Phone # 305-576-1300

Typed or printed name of signing authorized representative/member: Roger Schindler