APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JUL 29 PM 1:32

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L97000000296

ROGRA L.C.
4315 NW 7th ST. Suite 51
MIAMI, FL 33126

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
4315 NW 7th ST
Suite 51
MIAMI, FL 33126

2. Principal Place of Business	2a. Mailing Address
4315 NW 7th ST	4315 NW 7th ST
Suite, Apt. #, etc.: Suite 51	Suite, Apt. #, etc.: Suite 51
City & State: MIAMI FL.	City & State: MIAMI FL
Zip: 33126 Country: USA	Zip: 33126 Country: USA

3. Date Organized or Qualified: 3/11/97
3a. State of Formation:
4. FEI Number: ☐ Applied For ☒ Not Applicable
5. Date of Last Report:
6. Certificate of Status Desired: $8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

Luis Agramunt
1221 Brickell Ave.
Suite 1100
MIAMI, FL. 33131

8. Name and Address of New Registered Agent

Name: GERMAN A. SALAZAR
Street Address (P.O. Box Number is Not Acceptable): 1390 S. DIXIE Hwy
Suite, Apt. #, etc.: Suite 1107
City: Coral Gables FL Zip Code: 33146

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: _____ (REGISTERED AGENT MUST SIGN) Date: 7/20/99

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	Graciela Mabel Osrs	4315 NW 7th ST Suite 51 Miami, FL 33126	MIAMI FL 33126
MGRM	Aurora Irma Pierini	— Same —	

900002948839--3
-08/03/99--01046--001
*****8.75 *****8.75

900002948839--3
-08/03/99--01046--002
****877.50 ****877.50

REINSTATEMENT 98-99

SC 7-29-99

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: _____ Date: 7/28/99 Daytime Phone #: 305 666-1886

Typed or printed name of signing Managing Member/Manager: Aurora Irma Pierini

CR2E041 12/98