

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

00 FEB -4 AM 10:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L97000001229

1. Limited Liability Company's Name

Roberdos, L.C.

2. Principal Office Address

9752 SW Santa Monica Drive

Suite, Apt. #, etc.

City & State

Palm City, Florida

Zip

34990

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

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

11/03/97

6. FEI Number

65-080-4789

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

Robert L. Schweiger

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

9752 SW Santa Monica Drive

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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 2-1-2000

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
Co- Man	Robert L. Schweiger	9752 SW Santa Monica Drive	Palm City, FL 34990
Co- Man	Robert P. Birkfeld	9 Mandalay Drive	Sewalls Point, FL 34996

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 2-1-2000

Daytime Phone # 561-597-6664

Typed or printed name of signing Managing Member/Manager Robert L. Schweiger