

L9900000/366

PLEASE READ AND INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 MAR -6 PM 12:45

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001366

1. Limited Liability Company's Name

ROCOMI ENTERPRISES, LLC

2. Principal Office Address

One Seaside Lane

Suite, Apt. #, etc.

#401

City & State

Belleair, FL

Zip

33756

Country

USA

3. Mailing Office Address

One Seaside Lane

Suite, Apt. #, etc.

#401

City & State

Belleair, FL

Zip

33756

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

March 9, 1999

6. FEI Number

05-0511075

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 E. Swain

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

One Seaside Lane

Suite, Apt. #, Etc.

#401

City

Belleair

State

FL

Zip Code

33756

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

Robert E. Swain

REGISTERED AGENT MUST SIGN

Date March 4, 2003

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
MGRM	Robert E. Swain	One Seaside Lane #401	Belleair, FL, 33756

REINSTATEMENT

2003

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

Robert E. Swain

Date 03/04/03

Daytime Phone# 727-461-3259

Typed or printed name of signing Managing Member/Manager

Robert E. SWain

CR2E041 (10/02)