

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 11:02

DOCUMENT # **L 99 000 00 20 56**

1. Limited Liability Company's Name

ROUHER INVESTMENTS, L.L.C.

000003454908--6
-11/07/00--01056--009
****150.00 ****150.00

2. Principal Office Address

16600 SAPPHIRE MANOR

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33331

Country

USA

3. Mailing Office Address

16600 SAPPHIRE MANOR

Suite, Apt. #, etc.

City & State

WESTON FL

Zip

33331

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

April 12/99

6. FEI Number

65-0951404

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

HERNANDO ORTIZ, INC.

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

16600 SAPPHIRE MANOR

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33331

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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	ORTIZ, MERCEDES	A.V. COLON # 2-31, P.O. Box 603	SAN ANDRES (Island) COLOMBIA

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

[Signature]

Date

Oct. 14/00

Daytime Phone #

954 3898294

Typed or printed name of signing Managing Member/Manager

HERNANDO ORTIZ