

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L 99000002722

1. Limited Liability Company's Name

ROMANA'S, L.L.C.

2. Principal Office Address

3620 Stringfellow Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

3620 Stringfellow Rd.

Suite, Apt. #, etc.

City & State

St. James City, FL

City & State

St. James City, FL

Zip

33956

Country

USA

Zip

33956

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-0918175

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRE

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Robert D. Royston, Jr.

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

12670 New Brittany Blvd.

Suite, Apt. #, Etc.

Suite 101

City

Fort Myers

State

FL

Zip Code

33907

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 12/30/01

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
Mgr.	<u>Vladimir Handl</u>	<u>3662 Papaya Street</u>	<u>St. James City, FL 33956</u>

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

Vladimir Handl

Date

11/30/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

FILED

01 DEC 24 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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