

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILE REINSTATEMENT 2009

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DOCUMENT # L99000006884

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

ROJO RODAMI, LLC

2. Principal Office Address

69 S. ROYAL POINCIANA

Suite, Apt. #, etc.

3. Mailing Office Address

69 ROYAL POINCIANA

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS, FL

City & State

MIAMI SPRINGS, FL

Zip Country

33166-6058 MIAMI - DADE

Zip Country

33166-6058 MIAMI - DADE

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/20/99

6. FEI Number

65-0955545

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

DARIO A. NAVARRO

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

669 W. 14 ST

Suite, Apt. #, Etc.

600004661526-0

10/31/01 01075-010

***150.00 ***150.00

City

HALEAH, FL

State

FL

Zip Code

33010

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 10/21/01

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
P	DARIO NAVARRO	669 W 14 ST	HALEAH, FL 33010
VP	MIGUEL CABREIRA	1920 SW 86 AVE	MIAMI, FL 33155
S	ROSA RAMOS-BOTTA	1920 SW 86 AVE	MIAMI, FL 33155
T	JOSE GARCIA	69 S. ROYAL POINCIANA	MIAMI SPRINGS, FL 33166

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

10/24/01

Daytime Phone #

(305) 888-3119

Typed or printed name of signing Managing Member/Manager

DARIO A. NAVARRO