L99000092948

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000244833 3)))

H10000244833ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
ORANGE ROSE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

RECEIVED
10 NOV 10 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

1062

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 NOV 11 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (06/10)

DOCUMENT # L99000009248

1. Limited Liability Company's Name

Orange Rose, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3218 W. Azeele Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Tampa, FL			
Zip	Country	Zip	Country
33609			

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/28/1999

6. FEI Number: 59-3615108 ☐ 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: Miller, Jeffrey HER L MDPA

Street Address (P.O. Box Number is Not Acceptable): 3218 West Azeele Street

Suite, Apt. #, Etc.:

City	State	Zip Code
Tampa	FL	33609

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 /s/ Jeffrey Miller Date: 11-08-10

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
MGMR	Orange Blossom Trust c/o First Fidelity	R.G. Solomon Arcade, Ste.#11 Main Street	Charlestown, Nevis W. Indies
MGMR	Rosies Trust c/o First Fidelity Trust Ltd.	R.G. Solomon Arcade, Ste.#11 Main Street	Charlestown, Nevis W. Indies

REINSTATEMENT 10-22

11. E-mail Address: doffices@tampabay.rr.com (To be used for future annual report notifications)

12. 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 608.408, 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: /s/ Brandi Malavet Date: 11-08-10 Daytime Phone #: 813-879-1188

Typed or printed name of signing Managing Member/Manager: Brandi Malavet, Manager