

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L00000006102

1. Limited Liability Company's Name

**DeLorenzo Properties, LC**

**FILED**  
2011 JAN 14 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800191454758  
01/14/11--01029--013 \*\*541.25  
CR2E041 (1/11)


2. Principal Office Address - No P.O. Box # 1495 Evans Street		3. Mailing Office Address 1495 Evans Street	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. 100	
City & State Oviedo		City & State Oviedo	
Zip 32765	Country USA	Zip 32765	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 5/26/2000	
6. FEI Number 01-0594169	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Robert A DeLorenzo			
Street Address (P.O. Box Number is Not Acceptable) 1495 Evans Street			
Suite, Apt. #, Etc. 100			
City Oviedo	State FL	Zip Code 32765	

E-mail Address:  
robert@delorenzohomes.com  
(To be used for future annual report notices)

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  Date 1/12/11

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	Robert DeLorenzo	1495 Evans Street Ste 100	Oviedo, FL 32765
MGR	Nick Lenoci	6227 Greatwater Drive	Windermere, FL 34786
MGR	Jonethan Biasseti	3825 Lynne Ave, South	St. Louis Park, MN 55416

REINSTATEMENT -09-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager  Date 1/12/11 Daytime Phone # 407-366-0360

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_