PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000011874

APPLICATION FLORIDA DEPARTMENT
FOR Secretary of State
REINSTATEMENT DIVISION OF CORPORATIONS

AND
FILED

02 NOV 15 AM 9: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011874

Name and Mailing Address

0007809 01 FP 0.352 **PRSRT T4 0 0615 34293-160299
|..||..|.|..|.|.||.|..|..||....||..||.||..||.....|.||..|.|....|.||.
1776, L.L.C.
1776 SOUTH TAMIAMI TRAIL
VENICE FL 34293-1602

800009033958
11/15/02--01102--004 **150.00

2. New Mailing Address 213 THE ESPLANADE SOUTH	**4.** State/Country of Formation FL
City, State, Zip VENICE, FL 34285	**5.** Date Organized or Qualified To Do Business in Florida 07/19/2001
Principal Place of Business 1776 SOUTH TAMIAMI TRAIL VENICE FL 34293	**3.** New Principal Place of Business Address City, State, Zip
	6. FEI Number 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	**9.** Name and Address of New Registered Agent
PACHOTA, MICHAEL 213 THE ESPLANADE SOUTH VENICE FL 34285	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. 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 _Michael V Pachota_   REGISTERED AGENT MUST SIGN   Date _11-10-02_

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
OWNER	MICHAEL V PACHOTA	213 THE ESPLANADE S	VENICE, FL 34285
		REINSTATEMENT	

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 608.406, 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 _Michael V Pachota_   Date _11-10-02_   Daytime Phone # _941-484-7362_

Typed or printed name of signing Managing Member/Manager _____