Secretary of State **DIVISION OF CORPORATIONS**

1. DOCUMENT # L01000022500

Name and Mailing Address

REINSTATEMENT

02 NOV 25 AM 11: 33 SECRETARY OF STATE TARBAHASSEELELORIDA

0006171 01 FP 0.352 **PRSRT T9 0 0615 32601-904305 lalladddinallaladdalalallalladdalall CASSISI FAMILY LLC 3105 SW 5TH COURT GAINESVILLE FL 32601-9043



4. State/Country of Formation

US

2. New Mailing Address

					∦ Fl	- n				
City, State, Zip						5. Date Organized or Qualified To Do Business in Florida 12/24/2001				
Principal Place of Business 3105 SW 5TH COURT GAINESVILLE FL 32601 US		3. New Principal Place of Business Address City, State, Zip			<u> </u>			Applied For		
					CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status					
	8. Name and Address of Curre	nt Registered Agen	t	NAME AND POST OF STREET, STREE	9. Name and	d Address of New Registe	ered A	gent	پوند	
ULLMAN, STEPHEN T 1302 BRAMAN AVE FORT MYERS FL 33901				Name NIChOLAS J CASS(S) Street Address (P.O. Box Number is Not Acceptable) 3/05 SW 57n CT CAUCSVILLE						
				City			FL	Zip Co	ode	
10. I, being app Signature of Registered Agent		above named limite	<u>anci</u>	*	nd accept the ob	Date //-/2		2		
11. Names and	Street Addresses of Each Managi	ng Member/Manage	er	PERIO		20	(Y()	2		
Title(s)	Name of Managing Members/Managers			Secretarion de la comparimenta del comparimenta de la comparimenta del comparimenta de la comparimenta de la	ATEN	City	/State	/.Zip		
Dr El	AYNE E CASSI	SZ .	3105	SW 574 CT	<u> </u>	GATHESVILL	ie i	FL 3	2607	
Dr Nc	CHOLAS J CASS	15/	3105	Sw 574 C7		GAINESVILL	e, f	L 32	60	
					50 11/25	1000919 9	122 8 *	26 *150.	00	
						12/2 481	•			
all fees owed as if made u	I am managing member/manager estatement application the reason of the by the limited liability company had noter oath.	or dissolution has be	en eliminated, t	he limited liability com	nany name satist	fice the requirements of co-	ction 60	39 406 E	& and that	
Signature of Managing Membe	er/Manager	-		Date	16-02	Daytime Phone # (352) 39	12-6	397	