


ASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 03 NOV -6 AM 8:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000034974
 Name and Mailing Address

0014331 01 AT 0.292 **AUTO T2 0 0615 34103-443983
 TAMAMI SQUARE OF NAPLES, LLC
 2375 TAMAMI TRAIL NORTH STE. 208C
 NAPLES FL 34103-4439



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2375 TAMAMI TRAIL NORTH STE. 208C NAPLES FL 34103		5. Date Organized or Qualified To Do Business in Florida 12/27/2002	
3. New Principal Place of Business Address City, State, Zip		6. FE# Number 51-0444865	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CRIFASI, JACK J JR 2375 TAMAMI TRAIL NORTH STE. 208C NAPLES FL 34103		9. Name and Address of New Registered Agent 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 *[Signature]* Date 10/15/2003
 REGISTERED AGENT MUST SIGN

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	600023960616 10/21/03--01020--018 **155.00
10/15	CRIFASI ENTERPRISES, LLC 134 JACK CRIFASI JR. PRESIDENT	2375 TAMAMI TRAIL NORTH SUITE 208C	NAPLES, FLA 34103

REINSTATEMENT 03-06
 dec

12. I certify that I am managing member/manager or the receiver/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 *[Signature]* Date 10/15/2003 Daytime Phone #
 Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)