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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L98000001338

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

**1.** DOCUMENT # L98000001338

Name and Mailing Address

300008732398
10/31/02--01095--005 **150.00

0008218 01 FP 0.352 **PRSRT T5 0 0615 70809-426840

ANGELO IAFRATE CONSTRUCTION, L.L.C.
11441 INDUSTRIPLEX, SUITE 140
BATON ROUGE LA 70809-4268

**2.** New Mailing Address

City, State, Zip

**4.** State/Country of Formation: FL

**5.** Date Organized or Qualified To Do Business in Florida: 07/31/1998

Principal Place of Business: 11441 INDUSTRIPLEX, SUITE 140 BATON ROUGE LA 70809

**3.** New Principal Place of Business Address

City, State, Zip

**6.** FEI Number: 38-3424695 ☐ Applied For ☐ Not Applicable

**7.** CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (8/02)

**8.** Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

**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 _____ Date _____

REGISTERED AGENT MUST SIGN

**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 |
|---|---|---|---|
| MGR | IAFRATE, ANGELO E | 26400 SHERWOOD | WARRENMI 48091 |
| MGR | IAFRATE, DOMINIC | 26400 SHERWOOD | WARRENMI 48091 |
| | | | |
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REINSTATEMENT 2002

FILED
2002 OCT 31 AM 10:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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 _____ Date 10/29/02 Daytime Phone # (225) 295-4830

Typed or printed name of signing Managing Member/Manager Dominic Iafrate