

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 30 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/07/10--01007--010 **416.85

CR2E041 (11/09)

DOCUMENT # *ML6 000005483*

1. Limited Liability Company's Name

Rizzuto Management Group of Florida, LLC

2. Principal Office Address - No. P.O. Box #

34 Harbor Blvd.

Suite, Apt. #, etc.

Suite 106

City & State
Destin, Florida

Zip

32541

Country

OKaloosa

3. Mailing Office Address

200 Bourbon Street

Suite, Apt. #, etc.

Suite D

City & State
New Orleans, LA

Zip

70130

Country

Orleans

4. State/Country of Formation

Louisiana / Orleans

5. Date Organized or Qualified To Do Business in Florida

10/03/2006

6. FEI Number

20-5213280

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

Name *Philip J. Rizzuto*

Street Address (P.O. Box Number is Not Acceptable)
34 Harbor Blvd.

Suite, Apt. #, Etc.
Suite 106

City
Destin, Florida

State
FL

Zip Code
32541

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *4/05/2010*

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
<i>mgrm</i>	<i>Philip J. Rizzuto</i>	<i>200 Bourbon St., Ste D</i>	<i>New Orleans, LA 70130</i>
<i>mgrm</i>	<i>Jack P. Rizzuto</i>	<i>200 Bourbon St., Ste. D</i>	<i>New Orleans, LA 70130</i>

REINSTATEMENT *08/10*

AL

11. E-mail Address:

(To be used for future annual report notifications)

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

[Signature]

Date *4/05/2010*

Daytime Phone # *5845816665*

Typed or printed name of signing Managing Member/Manager

Philip J. Rizzuto