

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 DEC 30 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L99000000412**

**1. Limited Liability Company's Name**

Alda Associates, LLC

**2. Principal Office Address**

231 174th Street

Suite, Apt. #, etc.

Suite 819

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

**3. Mailing Office Address**

231 174th Street

Suite, Apt. #, etc.

Suite 819

City & State

Sunny Isles Beach, FL

Zip

33160

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business In Florida**

1/13/1999

**6. FEI Number**

65 0891345

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

Andrew L. D'Amato

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

231 174th Street

Suite, Apt. #, Etc.

Suite 819

City

Sunny Isles Beach

State

FL

Zip Code

33160

**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

*Andrew L. D'Amato*  
REGISTERED AGENT MUST SIGN

Date 12/28/2004

**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
Mgrm	Jeanette M. D'Amato	231 174th Street, Suite 819	Sunny Isles Beach, FL 33160
Mgrm	Andrew L. D'Amato	231 174th Street, Suite 819	Sunny Isles Beach, FL 33160

**REINSTATEMENT**

01-04  
CWS

600043740906

12/30/04-01035-003 \*\*305.01

**11. 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

*Jeanette D'Amato*

Date 12/28/2004

Daytime Phone # (860) 642 2043

Typed or printed name of signing Managing Member/Manager

Jeanette M. D'Amato

CR2E041 (10/02)