

L00000001692

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
DIVISION OF CORPORATIONS

04 APR 30 PM 1:22

WL 05/07/04

DOCUMENT # L00000001692

1. Limited Liability Company's Name

MARFIONE CUSTOM KNIVES, L.L.C.

REINSTATEMENT

2001-2004

2. Principal Office Address

932 - 36th Court, S.W.

Suite, Apt. #, etc.

3. Mailing Office Address

932 - 36th Court, S.W.

Suite, Apt. #, etc.

City & State

Vero Beach, Florida

City & State

Vero Beach, Florida

Zip

32968

Country

U.S.A.

Zip

32968

Country

U.S.A.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

February 15, 2000

6. FEI Number

None

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

Anthony Marfione

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

932 - 36th Court, S.W.

000034825770

04/30/04--01026--025 \*\*300.00

Suite, Apt. #, Etc.

City

Vero Beach

State  
FL

Zip Code

32968

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

Date

4.23.04

REGISTERED AGENT MUST SIGN

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	Anthony Marfione	932 - 36th Court, S.W.	Vero Beach, Florida 32968

REINSTATEMENT

2001

2004

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

Date

4.23.04

Daytime Phone #

(772) 569-3058

Typed or printed name of signing Managing Member/Manager Anthony Marfione

CR2E041 (10/02)