

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 10 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000001908

Name and Mailing Address

0001180 01 FP 0.352 **PRSR T4 0 0615 33020-501505



505 LLC
505 SOUTH 21ST AVE.
HOLLYWOOD FL 33020-5015

100008818041
11/06/02--01027--011 **150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

505 SOUTH 21ST AVE.
HOLLYWOOD FL 33020

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

02/21/2000

6. FEI Number 650991892
APPLIED FOR

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

SANTORO, FABRIZIO
505 SOUTH 21 AVE
HOLLYWOOD FL 33020

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 11-20-02

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	SANTORO, FABRIZIO	505 SOUTH 21 AVE	HOLLYWOOD FL 33020

REINSTATEMENT

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 10-21-02 Daytime Phone # 954 922-3707

Typed or printed name of signing Managing Member/Manager

Fabrizio Santoro

CR2E084 (8/02)