

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

**L-6450**  
**Cerullo Enterprises, LLC**  
**D.B.A. Copeland's Restaurant**

2. Principal Office Address

**400 E. CHASE ST.**

Suite, Apt. #, etc.

City & State

**PENSACOLA, FL.**

Zip

**32501**

Country

3. Mailing Office Address

**400 E. CHASE ST.**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 2001**

4. State/Country of Formation

**ESCAMBIA**

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

**72-1425614**

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

**THOMAS CERULLO c/o Copeland's of New Orleans**

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

**400 E. Chase St.**

Suite, Apt. #, Etc.

**Pensacola, Florida 32501**

City

**200004653652-8**

**-10/25/01--01072--004**

**\*\*\*\*150.00 \*\*\*\*150.00**

State

**FL**

Zip Code

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

**Thomas Cerullo**

REGISTERED AGENT MUST SIGN

Date **10/15/01**

**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
<b>MGRM</b>	<b>THOMAS CERULLO</b>	<b>400 E. Chase</b>	<b>Pensacola, FL. 32501</b>

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

**Thomas Cerullo**

Date

**10/15/01**

Daytime Phone #

**850-432-4938**

Typed or printed name of signing Managing Member/Manager

**THOMAS CERULLO**

CR2E041 (9/01)