

Division of Corporations

Florida Department of State
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DIVISION OF CORPORATIONS
05 JUL 18 AM 9:46

LIMITED LIABILITY REINSTATEMENT

ALTOJO HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$200.00

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DIVISION OF CORPORATION

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PAGE 02/02

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P. 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DIVISION OF CORPORATIONS

05 JUL 18 AM 9:46

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000007669

1. Limited Liability Company's Name

ALTOJO HOLDINGS, LLC

2. Principal Office Address

5120 Calle Minorca

3. Mailing Office Address

5120 Calle Minorca

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34242

Country

Sarasota

Zip

34242

Country

Sarasota

4. State/Country of Formation

FL/Sarasota

5. Date Organized or Qualified
To Do Business in Florida

6/29/2000

6. FEI Number

65-1026329

7. CERTIFICATE OF STATUS DESIRED ☐

B. Name and Address of Current Registered Agent

Name

James R. Chandler III

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

1834 Main Street

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code

34236

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 7/18/2005

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Alex F. Gutierrez	5120 Calle Minorca	Sarasota, FL 34242
MGRM	Anthony Miski	1757 East Ave. No	Sarasota, FL 34239
MGRM	John Cook	6430 Beechwood Avenue	Sarasota, FL 34231
MGRM	Bruce Ruzgis	5151 Ocean Boulevard	Sarasota, FL 34231

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that, in filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 806.403, F.S., and 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

MGRM

Date 7/18/2005

Daytime Phone # 941-349-6312

Typed or printed name of signing Managing Member/Manager

Alex F. Gutierrez