


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**LIMITED LIABILITY COMPANY**  
**REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 DEC -3 PM 1:59

**DOCUMENT # L00000012191**

**1. Limited Liability Company's Name**  
 PEPE ENTERPRISES, LLC

<b>2. Principal Office Address</b> 6248 MIRAMAR PARKWAY Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 6248 MIRAMAR PARKWAY Suite, Apt. #, etc.	
City & State MIRAMAR, FLORIDA		City & State MIRAMAR, FLORIDA	
Zip 33021	Country	Zip 33021	Country

**4. State/Country of Formation**  
 FLORIDA

**5. Date Organized or Qualified To Do Business in Florida**  
 10/5/2000

**6. FEI Number**  
 65-1050793

**7. CERTIFICATE OF STATUS DESIRED**  **\$500 Additional Fee required for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name  
 BERNARD A. SINGER, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)  
 4925 SHERIDAN STREET, SUITE A


Suite, Apt. #, Etc.

City  
 HOLLYWOOD,

State  
 FL

Zip Code  
 33021

**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.**

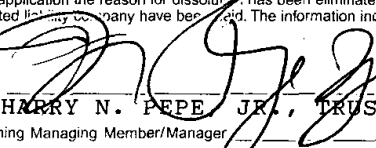
Signature of Registered Agent  Date 11/28/01

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
Member	HARRY N. PEPE, JR. LIVING TRUST	6248 MIRAMAR PARKWAY	MIRAMAR, FL 33021
Member	LUCILLE SCAGLIONE	6248 MIRAMAR PARKWAY	MIRAMAR, FL 33021

**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 \_\_\_\_\_ Daytime Phone # (954) 985-8600

Typed or printed name of signing Managing Member/Manager  
 HARRY N. PEPE, JR., TRUSTEE/MEMBER

CR2E041 (9/01)

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LAW OFFICES  
**Bernard A. Singer, P.A.**

**Bernard A. Singer, Esq.**  
Board Certified Tax Lawyer

Of Counsel:  
**Stephen L. Cohen, Esq.**  
Admitted in New York

**HOLLYWOOD:**  
4925 Sheridan Street  
Suite A  
Hollywood, Florida 33021

REPLY TO:  
HOLLYWOOD OFFICE

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E-Mail: [BernieSinger@lawyer.com](mailto:BernieSinger@lawyer.com)

**BOCA RATON:**  
5100 Town Center Circle  
Suite 430  
Boca Raton, Florida 33486

November 28, 2001

Division of Corporations  
Registration Section  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Pepe Enterprises, LLC

Dear Sir/Madam:

Enclosed is the Limited Liability Company Reinstatement form for Pepe Enterprises, LLC along with my check in the amount of \$50.00 in payment of the annual fee.

As my client never received any notice or the form for the 2001 Uniform Business Report, it would be greatly appreciated if you would waive any penalties in connection with this filing. My client always files timely reports to my knowledge and this inadvertent non-receipt of the report form is the reason for the lateness.

Thank you in advance for your courtesies in this matter.

Very truly yours,



Bernard A. Singer, Esq.

BAS/blz

Enclosures

cc: Harry N. Pepe (without enclosures)

W:\Pepe\Pepe Enterprises, LLC\Dept of State.ltr