

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L00000012340

1. Entity Name
THE RIPA FISHER AVENUE R E LIMITED LIABILITY
COMPANY



FILED

04 DEC 13 PH 3:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
10149 FISHER AVENUE
TAMPA, FL 33619-7843

Mailing Address
10149 FISHER AVENUE
TAMPA, FL 33619-7843

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11102004 REIN-LLC

CR2E101 (6/04)

12/13

4. FEI Number
59-3675398

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIPA, FRANK P
10149 FISHER AVENUE
TAMPA, FL 33619-7843

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE FRANK P. RIPA
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12/10/04

FILE NOW!! FEE IS \$150.00
After January 1, 2005, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RIPA, FRANK P
10149 FISHER AVENUE
TAMPA, FL 336197843 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800043365358 ☐ Change ☐ Addition
12/13/04--01059--006 **155.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
REINSTATEMENT 2004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Frank P. RIPA 12/10/04