

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

SECRETARY OF STATE
J. Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L00000014190

Name and Mailing Address

02 NOV 13 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011030 01 FP 0.352 **PRSRT H3 0 0615 33950-814907

ALT & ASSOCIATES LAND DEVELOPERS LLC

2107 WYATT CIR.

PUNTA GORDA FL 33950-8149

900008972409
11/13/02--01069--009 **150.00



2. New Mailing Address

24623 NOVA LANE

City, State, Zip
Port Charlotte FL 33980

Principal Place of Business

2107 WYATT CIR.
PUNTA GORDA FL 33950

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

11/16/2000

6. FEI Number 043720968

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Brian Courtney
Asst. V. Pres.

Date

11-7-02

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	TARTAGLIA, ANTHONY L	2107 TAMiami TRAIL	PUNTA GORDA FL 33950

REINSTATEMENT 2002

11/18
not

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

Anthony L. Tartaglia

Date

10/20/02

Daytime Phone #

941-255-0927

Typed or printed name of signing Managing Member/Manager

CR2E084 (9/02)