

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JAN 24 PM 1:41

DOCUMENT # L00000014621

1. Limited Liability Company's Name

URBAN DEVELOPMENT OF PASCO
COUNTY L.L.C.

300219629123
01/26/12--01014--025 **1492.50
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

2155 GLEN DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FLORIDA

City & State

Zip

Country

34695-2013

USA

Zip

Country

4. State/Country of Formation

FLORIDA, USA.

5. Date Organized or Qualified
To Do Business in Florida

11-28-2000

6. FEI Number

59-303753

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 ANGELA ORSI

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

2155 GLEN DRIVE

Suite, Apt. #, Etc.

City

SAFETY HARBOR

State

FL

Zip Code

34695-2013

E-mail Address:

angela_orsi@hotmail.com

(To be used for future annual report notices)

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

Angela Orsi
REGISTERED AGENT MUST SIGN

Date 2012-01-17

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
MGRM	ORSI, ANGELA	2155 GLEN DR.	SAFETY HARBOR FLORIDA, 34695-2013
MGRM	ORSI, ANTONIO	2155 GLEN DR.	SAFETY HARBOR FLORIDA, 34695-2013
MGRM	ORSI, PAUL	2155 GLEN DR	SAFETY HARBOR FLORIDA, 34695-2013
REINSTATEMENT			
03-12			FF \$1487.00 CUS 5.00

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Angela Orsi

Date 2012-01-17 Daytime Phone # (416) 346-3552

Typed or printed name of signing Managing Member/Manager ANGELA ORSI