

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 # L000000014621

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

34695-2013

Country

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.

E-mail Address:

angela\_orsi@hotmail.com

(To be used for future annual report notices)

City

SAFETY HARBOR

State

FL

Zip Code

34695-2013

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