

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 FEB 25 PM 3:56

DOCUMENT # **L00000015143**

1. Limited Liability Company's Name

Massimo's Pizza, LLC

600005051266--8
 -03/06/02--01076--040
 *****50.00 *****50.00

9/28/01

2. Principal Office Address

3897 N. Haverhill

3. Mailing Office Address

same

Suite, Apt. #, etc.

126

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

FL

Zip Country Zip Country

33417

Palm Beach

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

12/00

6. FEI Number

65-1060932

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

Jeffrey Alan Wakefield

Street Address (P.O. Box Numbers Not Acceptable)

710 Mill Valley Pl.

Suite, Apt. #, Etc.

FL

City

West Palm Beach

State

FL

Zip Code

33409

600005051266--8
 -03/06/02--01076--040
 *****150.00 *****150.00

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

Jeff Wakefield

REGISTERED AGENT MUST SIGN

Date **1-20-02**

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
owner	Kathryn Wakefield	710 Mill Valley Pl. MGRM	West Palm Beach, FL 33409
owner	Jeffrey A. Wakefield	710 Mill Valley Pl. MGRM	West Palm Beach, FL 33409
			Rein \$100.00
			01 50.00
			02 60.00
			<u>200.00</u>
			NP

REINSTATEMENT 2001-2002

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

Kathryn Wakefield

Date **1-20-02** Daytime Phone # **561-686-9818**

Typed or printed name of signing Managing Member/Manager **Kathryn Wakefield**

CR2E041 (9/01)