

# L00000015260

APPROVED AND FILED

03-FEB-28 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY  
REINSTATEMENT

DOCUMENT # L00000015260  
1. Limited Liability Company's Name  
Delugo Properties LLC

900011899699  
02/06/03--01010--004 \*\*200.00

2. Principal Office Address <u>1626 S. Pine Ave</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1626 S. Pine Ave</u> Suite, Apt. #, etc.	
City & State <u>OCALA FL</u>		City & State <u>OCALA FL</u>	
Zip <u>34474</u>	Country <u>USA</u>	Zip <u>34474</u>	Country <u>USA</u>

4. State/Country of Formation <u>FL, USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>12-4-2000</u>	
6. FEI Number <u>65-1069405</u>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: Steven Delugo

Street Address (P.O. Box Number is Not Acceptable): 1626 S. Pine Ave

Suite, Apt. #, Etc.:

City: OCALA State: FL Zip Code: 34474

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: [Signature] Date: 1-25-03

REGISTERED AGENT MUST SIGN

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
<u>Owner</u>	<u>Lesley delugo mgm</u>	<u>1626 S. Pine Ave</u>	<u>OCALA FL 34474</u>
<u>Owner</u>	<u>Steve delugo mgm</u>	<u>1626 S. Pine Ave</u>	<u>OCALA FL 34474</u>
			<u>2002-2003</u> <u>JPS</u>

**REINSTATEMENT**

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: [Signature] Date: 1-25-03 Daytime Phone #: 352-266-1122

Typed or printed name of signing Managing Member/Manager: Steve delugo

CR2EM1 (10/02)