

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

02 FEB -1 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015759

1. Limited Liability Company's Name

Promotions By Giovanni, LLC

2. Principal Office Address

272 VIRGINIA DR.

Suite, Apt. #, etc.

City & State

Winter Garden, FL

Zip

34787

Country

USA

3. Mailing Office Address

P.O. Box 616976

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32861-6976

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

2001

6. FEI Number

59-3683036

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

Joan Giovanni

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

272 VIRGINIA DR.

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

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

Joan Giovanni

REGISTERED AGENT MUST SIGN

Date

1-29-02

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
President	Joan Giovanni	same as above	
/			

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

Joan Giovanni

Date

1-29-02

Daytime Phone #

407-234-9905

Typed or printed name of signing Managing Member/Manager

JOAN GIOVANNI

CR2E041 (9/01)