

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenn E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700024379637

11/03/03--01057--022 **150.00

1. DOCUMENT # L01000000959

Name and Mailing Address

0010743 01 AT 0.292 **AUTO T9 0 0615 34231-346177



FD ENTERPRISES, L.L.C.
SUITE #E
4333 SOUTH TAMiami TRAIL
SARASOTA FL 34231-3461



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

01/16/2001

Principal Place of Business

SUITE #E
4333 SOUTH TAMiami TRAIL
SARASOTA FL 34231

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-1136970

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

DINARDO, FRANK SR.
SUITE #E
4333 SOUTH TAMiami TRAIL
SARASOTA FL 34231

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Frank Dinardo
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/24/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DINARDO, FRANK SR.	4333 SOUTH TAMiami TRAIL SUITE #E	SARASOTA FL 34231

REINSTATEMENT

03
Dec

12. 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

Frank Dinardo
FRANK DINARDO

Date

10/24/03

Daytime Phone #

941-724-5418

Typed or printed name of signing Managing Member/Manager