▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000001697

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 25 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000001697

Name and Mailing Address

0006553 01 FP 0.352 **PRSRT TO 0 0615 33647-253736
CERILLO FAMILY, L.L.C.
9336 WELLINGTON PARK CIRCLE
TAMPA FL 33647-2537

600009200296
11/25/02--01040--010 **150.00

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 02/01/2001

Principal Place of Business: 9336 WELLINGTON PARK CIRCLE, TAMPA FL 33647

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number — 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

GASSMAN, ALAN S
1245 COURT STREET
SUITE 102
TAMPA FL 33756

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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	CERILLO, LOUIS P	9336 WELLINGTON PARK CIRCLE	TAMPA FL 33647

REINSTATEMENT 2002

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 _____ Date 11/15/02 Daytime Phone # 813-991-6902

Typed or printed name of signing Managing Member/Manager Louis P Cerillo