

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
CORPORATIONS

1. DOCUMENT # L01000003446  
Name and Mailing Address

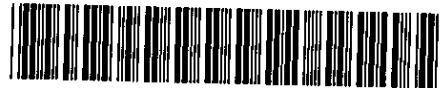
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0010316 01 FP 0.352 \*\*PRSRT H7 0 0615 33914-626510

ANTHONY MILANO MAINTENANCE & REPAIR, LLC  
1710 SW 43RD STREET  
CAPE CORAL FL 33914-6265



2. New Mailing Address

P.O. Box 3319  
City, State, Zip  
SARASOTA, FL 34230

Principal Place of Business

1710 SW 43RD STREET  
CAPE CORAL FL 33914

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

03/05/2001

6. FEI Number

651099675

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

MILANO, ANTHONY  
1710 SW 43RD STREET  
CAPE CORAL FL 33914

9. Name and Address of New Registered Agent

Name

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

City

400008759854  
11/01/02--01072--009 FL\*\*1309400

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

REGISTERED AGENT MUST SIGN

Date 10-29-02

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
MGRM	MILANO, ANTHONY	1710 SW 43RD STREET	CAPE CORAL FL 33914

ALL 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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

10-29-02 945-7631