

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000003617

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 25 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000003617

Name and Mailing Address

0004787 01 FP 0.352 **PRSR T5 0 0815 33604-380625



PROCOPIO PROPERTIES, L.L.C.
7825 N ARMENIA AVE
TAMPA FL 33604-3806

800011397598
01/30/03--01048--013 **155.00



10/2/02

2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		FL	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
7825 N ARMENIA AVE TAMPA FL 33604		03/05/2001	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		Applied For Not Applicable	
8. Name and Address of Current Registered Agent		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
PROCOPIO, SALVATORE 7825 N ARMENIA AVE TAMPA FL 33604			
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	
[Signature]		1/27/2003	
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
Pres	Salvatore Procopio	7825 N. Armenia Ave Tampa FL 33604	Tampa FL 33604
V Pres	Joseph Procopio	7825 N. Armenia Ave	Tampa FL 33604
Sec	Liberata Procopio	7825 N. Armenia Ave	Tampa FL 33604
REINSTATEMENT 2002-2003			
		800011397598 02/26/03--01014--024 **50.00	

CR2E084 (8/02)

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 [Signature] Date 1/27/03 Daytime Phone (813) 882-9238

Typed or printed name of signing Managing Member/Manager Salvatore Procopio