

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

L01000007799

DIVISION OF CORPORATIONS

1. DOCUMENT # L01000007799

Name and Mailing Address

0004479 01 FP 0.352 **PRST T4 0 0615 33442-156301



POSITIVE VUE, L.L.C.
1761 W. HILLSBORO BLVD., STE 401
DEERFIELD BEACH FL 33442-1563

FILED
03 AUG 28 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

1761 W. HILLSBORO BLVD., STE 401
DEERFIELD BEACH FL 33442

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

05/15/2001

6. FEI Number

65-1138479

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

CASTELLANO, JOHN N
1761 W HILLSBORO BLVD., STE 401
DEERFIELD BEACH FL 33442

9. Name and Address of New Registered Agent

Name

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

400018297424

05/06/03--01070--022 **150.00

City

400018297424

08/28/03--01038--001 **50.00

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 05/01/03

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	JOHN CASTELLANO	1755 SE 9 th STREET	FT. LAUDERDALE, FL 33316
M	DINO HOLDING	Po Box 480226	FT. LAUDERDALE, FL 33348
MGR	DINO D'AGOSTINO	1170 North FEDERAL HWY	FT. LAUDERDALE, FL 33

12. I certify that I am managing member/manager of 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 #

05/01/03

Typed or printed name of signing Managing Member/Manager