L01000011436

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

RE-SUBMIT
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LIMITED LIABILITY REINSTATEMENT

PICANTE ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$1,071.25

RECEIVED
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L. SELLERS

JAN 10 2008

EXAMINER

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Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,071.25

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TRANSMISSION VERIFICATION REPORT

TIME : 01/07/2008 12:01
NAME : CT CORP
FAX : 8502227615
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DATE,TIME	01/07 12:00
FAX NO./NAME	6176383
DURATION	00:00:45
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT — FLORIDA DEPARTMENT OF STATE, Secretary of State, DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L01000011436

1. Limited Liability Company's Name
Picanto Enterprises, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
6278 N. Federal Highway		6278 N. Federal Highway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 201		Suite 201	
City & State		City & State	
Ft Lauderdale, FL		Ft Lauderdale, FL	
Zip	Country	Zip	Country
33308	US	33308	US

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 10/04/2002

6. FEI Number
None — ☐ 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

Name
Mark Crew

Street Address (P.O. Box Number is Not Acceptable)
6278 N. Federal Highway

Suite, Apt. #, Etc.
Suite 201

City
Ft Lauderdale, State FL, Zip Code 33308

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. 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: [signature] Date 1/4/08
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgrm	Mark Crew	6278 N. Federal Highway Suite, 201	Ft Lauderdale, FL 33308
Mgrm	Bruce Barfield	1160 Hillsborough Beach Mile # 705	Hillsborough Beach, FL 33062
Mgrm	Murray Reed	1661 Gordon River Lane	Naples, FL 34104

11. 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 1/4/08 Daytime Phone # 954 931 0777

Typed or printed name of signing Managing Member/Manager: MARK CREW

FL110 - 1/17/07 C T System Online