


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT -5 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000012451					
<b>1. Entity Name</b> PINZANI HOLDINGS L.C.					
<b>Principal Place of Business</b> 12790 SOUTH DIXIE HIGHWAY MIAMI, FL 33156			<b>Mailing Address</b> 12790 SOUTH DIXIE HIGHWAY MIAMI, FL 33156		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		09172007 REIN-LLC CR2E101 (1/07)	
Zip		Country		<b>4. FEI Number</b> 65-1126703	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  PALMER, PAUL 12790 SOUTH DIXIE HIGHWAY MIAMI, FL 33156			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2008, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PINZANI, MANUELA 12790 SOUTH DIXIE HIGHWAY MIAMI, FL 33156		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000109958010 09/26/07--01033--005 **50.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE- OPERATING MGR ROBERTO LUCIANO LUPINI PINZANI 12790 SOUTH DIXIE HIGHWAY MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-OPERATING MGR MANUELA CAROLINA LUPINI PINZANI 12790 SOUTH DIXIE HIGHWAY MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<h2 style="margin: 0;">REINSTATEMENT</h2>					
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <i>Manuela Pinzani</i>			MANUELA PINZANI, MGR		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <span style="float: right;">9/24/07</span>		