

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000013691

1. Limited Liability Company's Name

CASANOVA CAPITAL LLC

2. Principal Office Address

210 SPINNAKER DRIVE

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32963

Country

USA

3. Mailing Office Address

PO BOX 4057

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

Zip

32964

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

08/15/01

6. FEI Number

59-3739082

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 **CASANOVA, OLGA Q.**

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

Suite, Apt. #, Etc.

City

VERO BEACH

State
FL

Zip Code
32963

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]
REGISTERED AGENT MUST SIGN

Date **11/19/03**

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
MGR	CASANOVA, OLGA Q.	210 spinnaker drive	VERO BEACH, FL 32963

REINSTATEMENT 2003

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 **11/19/03**

Daytime Phone #

772 2342640

Typed or printed name of signing Managing Member/Manager

Olga Casanova

CR2E041 (10/02)