

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000016696
Name and Mailing Address

02 DEC -4 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006442 01 FP 0.352 **PRST TO 0 0615 33569-578201



FIORELLO ENTERPRISES, LLC
10501 DEEPBROOK DRIVE
RIVERVIEW FL 33569-5782



CR2E084 (8/02)

2. New Mailing Address PO Box 3319 City, State, Zip: Sarasota FL 34230		4. State/Country of Formation FL	
Principal Place of Business 10501 DEEPBROOK DRIVE RIVERVIEW FL 33569		5. Date Organized or Qualified To Do Business in Florida 09/26/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3749467 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent FIORELLO, NICHOLAS 10501 DEEPBROOK DRIVE RIVERVIEW FL 33569		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Nicholas Fiorello
Date: 12/2/02
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
MGRM	FIORELLO, NICHOLAS	10501 DEEPBROOK DRIVE	RIVERVIEW FL 33569
MGRM	FIORELLO, KATHLEEN G	10501 DEEPBROOK DRIVE	RIVERVIEW FL 33569
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REINSTATEMENT 2002			
ALB			

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: Nicholas Fiorello
Date: 12/2/02
Daytime Phone #: 813-866-1486

Typed or printed name of signing Managing Member/Manager