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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 JIM SMITH
 SECRETARY
 DIVISION OF CORPORATIONS

L01 000016972

1882

1. DOCUMENT # L01000016972

Name and Mailing Address

0010448 01 FP 0.352 **PRSRT HB 0 0615 34684-166875

GIOVINCO RESOURCES LLC
 3075 WINDRIDGE OAKS DRIVE
 PALM HARBOR FL 34684-1668

Not
file
stamped



PS

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3075 WINDRIDGE OAKS DRIVE PALM HARBOR FL 34684 US		5. Date Organized or Qualified To Do Business in Florida 10/03/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3748068 Applied For Not Applicable	
8. Name and Address of Current Registered Agent GIOVINCO, THOMAS P 3075 WINDRIDGE OAKS DRIVE PALM HARBOR FL 34684		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <i>Thomas P. Giovino</i> Date 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
MANAGER	THOMAS P. GIOVINO	3075 WINDRIDGE OAKS DR	PALM HARBOR FL 34684
			200022666802 08/29/03--01065--002 **100.00
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 <i>Thomas P. Giovino</i> Date 8/24/03 Daytime Phone # Typed or printed name of signing Managing Member/Manager			

CR2E084 (8/02)

REINSTATEMENT 02-03

202

August 25, 2003

State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Giovinco Resources, LLC
Document Number L01000016972

Dear Sir or Madam:

It has been brought to my attention the Uniform Business Report for Giovinco Resources, LLC has not been filed with your office for the calendar year 2002 or 2003.

The original 2002 and 2003 Uniform Business Report was not delivered to my office. I did not receive the original UBR, or any reminder notice.

Please accept my check in the amount of \$100.00 for 2002 and 2003 representing the annual report fee and abate the penalty.

I appreciate your cooperation.

Sincerely,



Thomas P. Giovinco
Manager