

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 APR -7 PM 2:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2E041 (10/08)

DOCUMENT # L01000017772

1. Limited Liability Company's Name

MONTELLO LLC

2. Principal Office Address - No P.O. Box #

9600 SANIBEL LOOP

Suite, Apt. #, etc.

City & State

DAPHNE, AL

Zip

36526

Country

USA

3. Mailing Office Address

9600 SANIBEL LOOP

Suite, Apt. #, etc.

City & State

DAPHNE, AL

Zip

35626

Country

USA

4. State/Country of Formation  
FLORIDA/USA

5. Date Organized or Qualified  
To Do Business in Florida 10/26/01

6. FEI Number  
80-0002292

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  
ANTHONY J REITANO CPA

Street Address (P.O. Box Number is Not Acceptable)  
4400 N FEDERAL HIGHWAY

Suite, Apt. #, Etc.  
SUITE 210

City  
BOCA RATON

State  
FL

Zip Code  
33431

☒ 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 *Anthony J Reitano CPA*

Date 3-5-09

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	ELIZABETH MONTELLO	9600 SANIBEL LOOP	DAPHNE, AL 36526

900148971299  
04/07/09-01030-002 \*\*1100.00

REINSTATEMENT 02-09

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 *X Elizabeth Montello*

Date 3/26/09

Daytime Phone # 251-626-8117

Typed or printed name of signing Managing Member/Manager ELIZABETH MONTELLO