

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LO10000018663

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -9 PM 1:55

DOCUMENT # **LO10000018663**

1. Limited Liability Company's Name

CONTI, LLC

10/4/02

2. Principal Office Address

1220 N. Market St.

Suite, Apt. #, etc.

Ste. 606

City & State

Wilmington, DE

Zip

19801

Country

USA

3. Mailing Office Address

1220 N. Market St.

Suite, Apt. #, etc.

Ste. 606

City & State

Wilmington, DE

Zip

19801

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/29/2001

6. FEI Number

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

Florida Filing & Search Services, Inc.

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

1333 Duval Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32302

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

PRD Hodge President
REGISTERED AGENT MUST SIGN

Date **6/9/03**

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 |
|------------|--|--|------------------------------|
| MEM MBR | Star Group & Finance Holdings | Ste. 302 East Bldg No. 34/20 Cuba Ave & 34th St | Panama City 5, Panama |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2002-2003

600020683486

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

Janet M. Caruccio

Date **6-5-03**

Daytime Phone # **302-421-5752**

Typed or printed name of signing Managing Member/Manager

Janet M. Caruccio

CR2E041 (10/02)

L01000018663

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 06-09-03

NAME: CONTI, LLC

TYPE OF FILING: REINSTATEMENT

COST: \$70.00

RETURN:

~~200.00~~
200.00

RECEIVED
03 JUN -9 AM 11:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

