

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 9 AM 8:01

DOCUMENT # L01000020101

1. Limited Liability Company's Name

CHONA & ASSOCIATES, LLC

12/09/02--01054--005 \*\*175.00

2. Principal Office Address

1634 MAIN STREET

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34236

Country

3. Mailing Office Address

PO BOX 3319

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34230

Country

4. State/Country of Formation

FLORIDA/SARASOTA

5. Date Organized or Qualified  
To Do Business in Florida

11/20/01

6. FEI Number

65-1155230

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

GEORGE V FAMIGLIO, JR

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

1634 MAIN STREET

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

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

Date 12/5/02

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
MRG	ROBERT TISDALE	5317 FRUITVILLE RD	SARASOTA, FL 34232
MRG	DEBRA TISDALE	5317 FRUITVILLE RD	SARASOTA, FL 34232

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

Date

Daytime Phone#

941-957-0725

Typed or printed name of signing Managing Member/Manager

ROBERT TISDALE

CR2E041 (9/01)