

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000021401
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800008818078
11/06/02--01027--013 **150.00



1. DOCUMENT # L01000021401

Name and Mailing Address

0010393 01 FP 0.352 **PRSR HT 0 0615 34655-128046



DEPCO VISIONS, LLC
9246 VIA SEGOVIA
NEW PORT RICHEY FL 34655-1280

2. New Mailing Address

City, State, Zip

Principal Place of Business

9246 VIA SEGOVIA
NEW PORT RICHEY FL 34656

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/10/2001

6. FEI Number

L01000021401

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

LUCADANO, PETER
9246 VIA SEGOVIA
NEW PORT RICHEY FL 34656

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

REGISTERED AGENT MUST SIGN

Date October 28, 2002

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

Vice
President

David J. Lucadano

5532 Auld Lane
Holiday, FL 34690

Holiday, FL 34690

REINSTATEMENT

02

dec

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

Date Oct 28, 2002

Daytime Phone # (727) 919-3915

Typed or printed name of signing Managing Member/Manager