

LD2000000023

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -1 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Pyrotecnico of Florida, LLC

2. Principal Office Address

17204 Akins Drive

Suite, Apt. #, etc.

City & State

Spring Hill, Florida

Zip

34610

Country

U.S.A.

3. Mailing Office Address

PO Box 310

Suite, Apt. #, etc.

City & State

New Castle, Pennsylvania

Zip

16103

Country

U.S.A.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

12/28/2001

6. FEI Number

59-3761165

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT

2003-2004

8. Name and Address of Current Registered Agent

Name

Christopher Reitano

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

17204 Akins Drive

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34610

300038162768
06/22/04--01050--001 **\$100.00

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

Chris Reitano

REGISTERED AGENT MUST SIGN

Date 06/29/04

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
MGMR	S. Vitale Pyrotechnic Industries, Inc.	P.O. Box 149	New Castle, Pennsylvania 16101

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

Stephen J. Vitale

Date

6-18-04

Daytime Phone #

800-854-4705

Typed or printed name of signing Managing Member/Manager

Stephen J. Vitale, President of S. Vitale Pyrotechnic, Inc.

CR2E041 (10/02)