

L02000004725

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
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LIMITED LIABILITY REINSTATEMENT

STELLA VANT GROUP, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO2000004725**

1. Limited Liability Company's Name
STELLAVANT GROUP, LLC.

2. Principal Office Address 12392 SUNSET MAPLE TR.		3. Mailing Office Address 12392 SUNSET MAPLE TR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ALPHARETTA, GA.		City & State ALPHARETTA, GA.	
Zip 30005	Country USA	Zip 30005	Country USA

4. State/Country of Formation
FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida
2-27-02

6. FEI Number
38-3645066

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee is added for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
AGENTS & CORPORATIONS, INC.

Street Address (P.O. Box Number is Not Acceptable)
773 4TH AVENUE NORTH

Suite, Apt. #, Etc.
SUITE E

City
NAPLES

State
FL

Zip Code
34102

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent *Stephanie Hernandez* Date **2/24/05**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	ENRICO LAMBERTI	12392 SUNSET MAPLE TR. ALPHARETTA, GA. 30005	ALPHARETTA, GA. 30005

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 *Enrico Lamberti* Date **2/23/05** Daytime Phone # **678-624-0600**

Type or printed name of signing Managing Member/Manager **ENRICO LAMBERTI**

CR2004151002