PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E_Hcod Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT

Name and Mailing Address

L02000007994

FILED 03 OCT 29 PH 5: 19

MJH

0012565 01 AT 0.292 **AUTO T6 0 0615 33458-372740 talladalahlahladahallalalladalahladal MESSILINO PROPERTIES, LLC 18840 BIG CYPRESS DRIVE JUPITER FL 33458-3727

					<u> </u>	UUC	·
2. New Mailing Address				State/Country of Formation FL			
City, State, Zip				5. Date Organized or Qualified To Do Business in Florida 04/03/2002			
Principal Place of Business 18840 BIG CYPRESS DRIVE JUPITER FL 33458		New Principal Place of Business Address		6. FEI Numbe	- 36 <i>3</i> 34	134	Applied For Not Applicable
		City, State, Zip		7. CERTIFICATE	OF STATUS DESIRED		dditional Fee required Certificate of Status
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent				
FIORDILINO, VINCENT			Name				
18	8840 BIG CYPRESS DRIVE JPITER FL 33458	ŀ	Street Address (P.O. Box Number is Not Acceptable)				
			ļ				
· · · · · · · · · · · · · · · · · · ·			City			FL	Zip Code
10. I, beir Signature o Registered		am familiar with an	nd accept the oblig	gations of Chapter 608		28	
11. Names and Street Addresses of Each Managing Member/Manager							
Title(s)			eet Address of Each ging Member/Manager		City / State / Zip		
Vρ	VINLENT Francis	18840,	Big Cypn	es Da,	Jepitor	k, PC	_ 3345P
ρ	VINLENT FICACITINO 18840, Neil Messing 51		no As	abu	Jepi to		
				60J	0024252 30105200	 2666	3
							50.00
		E de la companya de l	REINS	TATE	ENT 2	003	
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							

Typed or printed name of signing Managing Member/Manager

as if made under oath.

Managing Member/Manage