

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN 16 PM 1:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000008728

Name and Mailing Address

0013415 01 AT 0.292 **AUTO T9 0 0615 33511-793418



OMANSI MANAGEMENT, LLC
618 SANDY CREEK DR.
BRANDON FL 33511-7934



2. New Mailing Address

P.O. Box 1177

City, State, Zip

VALrico, FL 33595-1177

Principal Place of Business

618 SANDY CREEK DR.
BRANDON FL 33511

3. New Principal Place of Business Address

5113 COOPERS HAWK CT.

City, State, Zip

VALrico, FL 33594-7962

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/09/2002

6. FEI Number

01-0038176

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

SEKAJIPO, LAWRENCE D CPA
9384 N 56TH STREET, SUITE 3
TAMPA FL 33617

9. Name and Address of New Registered Agent

Name

Orlando Casiano

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

5113 COOPERS HAWK CT.

City

VALrico

FL

Zip Code
33594-7962

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 1/13/04

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
MGR	CASIANO, ORLANDO	5113 SANDY CREEK BLVD	BRANDON FL 33511
MGR	CASIANO, ORLANDO	5113 COOPERS HAWK CT	VALrico, FL 33594-7962
MGR	CASIANO, Melissa S.	5113 COOPERS HAWK CT.	VALrico, FL 33594-7962

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04/28/03 90075 049

REINSTATEMENT

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

[Signature]
SIGNATURE REQUIRED

Date 1/13/04

Daytime Phone # 813-927-5425

Typed or printed name of signing Managing Member/Manager

Omansi Management, LLC

P.O. Box 1177, Valrico, FL 33595

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2004 JAN 16 PM 1:07

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

January 13, 2004

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

~~Per our conversation on January 13, 2004, here is a letter explaining the reason why you may not have~~
the FEI number. Around the summer of 2003 we received documentation that you had received our
filing fee of \$50.00 (ck#1121 - 4/25/03) but did not receive the FEI number. At that point I relayed the
message to my CPA, Lawrence Sekajipo, and asked him to please send the FEI number since I use
his services for these matters. My understanding was that it was going to be taken care of immediately.
I have now learned that the information never got to you. I realize the fact that the job did not get done
is not acceptable and I am now looking for a new CPA.

The person I spoke with at your office this morning instructed me to fill out the orange form, send the
filing fee for 2004, and send this letter explaining what took place. If you have any questions regarding
this matter or any other issues you may contact me at 813-927-5425.

Sincerely,



Orlando Casiano

PS: FEI # 01-0638176
Document # L02000008728