

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 23 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000013288

1. Limited Liability Company's Name

PETRO AUGUSTINE LLC

09

100162079521
10/23/09--01040--003 **138.75
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

335 CENTER AVENUE

Suite, Apt. #, etc.

City & State

MAMARONECK, NY

Zip

10543

Country

USA

3. Mailing Office Address

335 CENTER AVENUE

Suite, Apt. #, etc.

City & State

MAMARONECK, NY

Zip

10543

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/9/02

6. FEI Number
43-1958129

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

Name

Bustamante, Nestor III

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

150 South Pine Island Road

Suite, Apt. #, Etc.

Suite 400

City

Fort Lauderdale

State

FL

Zip Code

33324

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/21/09

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
MGR member	Felix J. Petrillo	335 Center Ave	Mamaroneck, NY 10543
MGR manager	Michael V. Petrillo	335 Center Ave	Mamaroneck, NY 10543
MGR member	Felix M. Petrillo Jr.	335 Center Ave	Mamaroneck, NY 10543
MGR member	Maria Elena Petrillo Corcoran	335 Center Ave	Mamaroneck, NY 10543

REINSTATEMENT

2009 Without Penalty
up 10/28/09

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

[Signature]

Date 10/20/09

Daytime Phone # 914-777-8292

Typed or printed name of signing Managing Member/Manager

Michael V. Petrillo