

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 202000018002

1. Limited Liability Company's Name

Cavarretta LLC

2. Principal Office Address

232 S. Yonge Street

Suite, Apt. #, etc.

3. Mailing Office Address

232 S. Yonge Street

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

Zip

32174

Country

USA

City & State

Ormond Beach, FL

Zip

32174

Country

USA

4. State/Country of Formation

Florida

USA

5. Date Organized or Qualified
To Do Business in Florida

07/02

6. FEI Number

06-1640279

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

Kelly Frank Cavarretta

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

707 Garden Lane

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174

100024267491

10/30/03--01012--003 \$150.00

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

Kelly L. Cavarretta
REGISTERED AGENT MUST SIGN

Date 10-28-03

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 |
|--------|--------------------------------------|---|------------------------|
| MAN | Robert Dale Cavarretta | 2417 Oriole Lane | South Daytona FL 32119 |
| MAN | Kelly Frank Cavarretta | 707 Garden Lane | Ormond Beach, FL 32174 |
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REINSTATEMENT

03

dec

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

R.D. Cavarretta

Date 10/28/03 Daytime Phone # 386 672-7061

Typed or printed name of signing Managing Member/Manager

Robert Dale Cavarretta



GUARDIAN SECURITY SYSTEMS, INC.

Commercial and Residential Burglar and Fire Alarm Systems

Lic. #EF0000449

October 28, 2003

Florida Department of State
Division of Corporations
Registration section
409 E. Gaines Street
Tallahassee, FL 32399

To whom it concerns

We would greatly appreciate it if you would process the re-instatement of our corporation as soon as possible as we are in the process of purchasing property and are being held up due to the fact that we were unaware that our corporation had been dissolved. We were unaware of the situation until today. We believe the corporation was dissolved by the state due to not being notified of our new address (which is on the enclosed form) we did not notify the department of our new address as it did not occur to us to do so. We apologize for this inconvenience and hope you will be able to accommodate our urgent request. If you should have any questions at all regarding our re-instatement please feel free to call us at (386) 672-7061.

Thank you in advance for your consideration.

Sincerely

Robert Dale Cavarretta
Member Manager