


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # L02000020899

1. Limited Liability Company's Name

VICTOR J. LABRUZZO, P.L.

2. Principal Office Address

1717 NORTH BAYSHORE

Suite, Apt. #, etc.

SUITE 3957

City & State

MIAMI, FLORIDA

Zip

33132

Country

DADE

3. Mailing Office Address

DRIVE

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

DADE COUNTY, FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

AUGUST 15, 2002

6. FEI Number

86-1119033

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

VICTOR J. LABRUZZO

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

1717 NORTH BAYSHORE DRIVE

Suite, Apt. #, Etc.

SUITE 3957

City

MIAMI,

State

FL

Zip Code

33132

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

*Victor J. Labruzzo*  
REGISTERED AGENT MUST SIGN

Date

11/1/04

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
MANG	VICTOR J. LABRUZZO	1717 NORTH BAYSHORE DRIVE	MIAMI, FLORIDA 33132
		SUITE 3957	

REINSTATEMENT 2004

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 608.405, 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

*Victor J. Labruzzo*

Date

11/1/04

Daytime Phone #

305 772-0005

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)