

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 23 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000021937

1. Limited Liability Company's Name

Volpe Spa, LLC

2. 4824 S. Tamiami Trail

2. Principal Office Address - No P.O. Box #
4824 S. Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Office Address

4824 S. Tamiami Trail

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota

Zip

34234

Country

USA

Zip

34231

Country

USA

4. State/Country of Formation

Florida / USA

**5. Date Organized or Qualified
To Do Business in Florida**

8-26-2002

6. FEI Number

☐ 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

Beth Louise Clause, Esquire

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

1460 Main Street

Suite, Apt. #, Etc.

Suite 4

City

Sarasota

State

FL

Zip Code

34236

☒ 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**

Beth L Clause

Date 2/16/07

REGISTERED AGENT MUST SIGN

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
MGRM	GARY DONSON	4824 Tamiami Trail	Sarasota FL 34234
MGR	Kathy Jo Miles	4824 Tamiami Trail	Sarasota FL 34234

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REINSTATEMENT 05-07

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**

Gary Denson

Date 2-16-07 **Daytime Phone #** 941-870-2626

Typed or printed name of signing Managing Member/Manager

Gary Denson