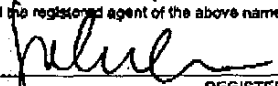
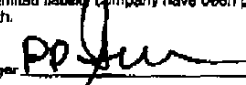


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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		((H04000126350 3))) FILED ((H04000126350 3))) 04 JUN 15 AM 8:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L02000021949 1. Limited Liability Company's Name Peter Gambacorta, LLC					
2. Principal Office Address 9061 Quail Creek Drive Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 48441 Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Tampa, Florida		City & State Tampa, Florida		5. Date Organized or Qualified To Do Business in Florida August 8, 2002	
Zip 33647	Country Hillsborough	Zip 33647-0121	Country Hillsborough	6. FEI Number 20-1217042	Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ SS-60 Adaptation Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent					
Name John A. Williams, Esq.					
Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Boulevard					
Suite, Apt. #, Etc. Suite 2700					
City Tampa		State FL		Zip Code 33602	
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  Date June 9, 2004 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	
MGR	Peter Gambacorta	9061 Quail Creek Drive		Tampa, Florida 33647	
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  Date 6-10-04 Daytime Phone # (813) 380-4014 Typed or printed name of signing Managing Member/Manager Peter Gambacorta, Manager					

((H04000126350 3)))

Florida Department of State
Division of Corporations
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(((H04000126350 3)))

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LIMITED LIABILITY REINSTATEMENT

PETER GAMBACORTA, LLC

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