PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(((H04000126350 3)))

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
(((H04000126350 3)))
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000021949

1. Limited Liability Company's Name
Peter Gambacorta, LLC

2. Principal Office Address		3. Mailing Office Address	
9061 Quail Creek Drive		P.O. Box 48441	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Tampa, Florida		City & State: Tampa, Florida	
Zip: 33647	Country: Hillsborough	Zip: 33647-0121	Country: Hillsborough

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: August 8, 2002
6. FEI Number: 20-1217042 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $8.00 Additional 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

CR2E041 (10/02)

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
			2003-2004
		6/16 MST	

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: PD _____ Date: 6-10-04 Daytime Phone #: (813) 380-4014

Typed or printed name of signing Managing Member/Manager: Peter Gambacorta, Manager

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Florida Department of State
Division of Corporations
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Account Number : 076424003301
Phone : (813)223-7474
Fax Number : (813)229-6553

JTM 02-2027

LIMITED LIABILITY REINSTATEMENT

PETER GAMBACORTA, LLC

Certificate of Status	0
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