

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JAN 28 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000022839

1. Limited Liability Company's Name

GIOAN LLC.

06

PK

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

9737 NW 41 St.

3. Mailing Office Address

9737 NW 41 St.

Suite, Apt. #, etc.

#615

Suite, Apt. #, etc.

#615

City & State

Miami, FL

City & State

Miami, FL

Zip

33178

Country

US

Zip

33178

Country

US

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

1/29/08

6. FEI Number

460498414

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

Giovanni Laveglia

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

7761 NW 114 PL

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/22/08

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	<u>Antonia Ferrero</u> <u>De Laveglia</u>	<u>7761 NW 114 PL</u>	<u>Miami, FL 33178</u>
MGRM	<u>GIOVANNI LAVEGLIA</u>	<u>7761 N.W. 114 Place</u>	<u>Miami, FL 33178</u>
REINSTATEMENT 2006-2008			
			100118073761 02/14/08--01046--011 **266.25
			100118073761 02/14/08--01046--012 **155.00

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

[Signature]

Date 1/22/08 Daytime Phone # 305-416-6890

Typed or printed name of signing Managing Member/Manager

Giovanni Laveglia