PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

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Name and Mailing Address

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SECRETARY OF STATE TALEAHASSEE, FLORIDA

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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent VITIELLO, EZIO 7046 TORREY PINE CIRCLE PORT ST. LUCIE FL 34986 Street Address (P.O. Box Namber is Not Acceptable) 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 178, FS. Signature of Registered Agent Registered Agent Registered Agent Name of Managing Member/Manager	2023 14 AVE					FL		
7046 TORREY PINE CIRCLE PORT ST. LUCIE FL 34986 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent VITIELLO, EZIO 7046 TORREY PINE CIRCLE PORT ST. LUCIE FL 34986 St. Name and Address of New Registered Agent VITIELLO, EZIO 7046 TORREY PINE CIRCLE PORT ST. LUCIE FL 34986 St. Name and Address of New Registered Agent 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter yas, Fs. Signature of Polytical Addresses of Each Managing Member/Manager 11. Names and Street Addresses of Each Managing Member/Manager 11. Names and Street Addresses of Each Managing Member/Manager 12. POLYTILELO 13. Name of Managing Member/Manager 14. Name of Managing Member/Manager 15. POLYTILELO 15. Street Address of Each Managing Member/Manager 16. ORREY RINES CR FORT ST LOUGE FL 34986 D.R. NICHALAS VITIELO 2023 W AN VERO 30H FL 329670 DIR TICHAEL ARRISTRONG 1010 E.13 AG VERO 136H FL 329670 CCC.	City, State	RP BCH FL 329	160				09/09/2002	
So Additional For require to City. State, Zip 1. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent VITIELLO, EZIO 7046 TORREY PINE CIRCLE PORT ST. LUCIE FL 34986 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 198, FS. Signature of Registered Agent 11. Names and Street Addresses of Each Managing Member/Manager 12. In Names and Street Addresses of Each Managing Member/Manager 13. Names and Street Addresses of Each Managing Member/Manager 14. Names and Street Addresses of Each Managing Member/Manager 15. Signature of Registered Agent 16. Registered Agent 17. CERTIFICATE OF STAND Registered Agent 18. Name and Addresses of New Registered Agent 19. Name and Addresses of New Acceptable) 19. Name and Addresses of New Acceptable	70	046 TORREY PINE CIRCLE						
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PORT ST. LUCIE FL 34986 10/21/03-01139-007 ***150,00 City FL 2:p code 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter (7)8, FS. 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter (7)8, FS. 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter (7)8, FS. 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter (7)8, FS. 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter (7)8, FS. 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter (7)8, FS. 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter (7)8, FS. 10. I / I / I / I / I / I / I / I / I / I			Name					
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DIR MICHAEL ARTISTRONG 1010 E.13 Sq VEROBEH FL 3296 10 DIR MICHAEL ARTISTRONG 1010 E.	Pries,	EZIO VITIELLO	7046	RREY PIN	és CR	PORT STLO	1CIE FC 34988	
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							dcc.	

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 / Managing

FIGNATUR/LAEQUIRED

Date 10/11/003

Daytime Phone # 772 778 1020

Typed or printed name of signing Managing Member/Manager