

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000023333

Name and Mailing Address

0013276 01 AT 0.292 **AUTO TB 2 0615 34986-320046



VITARM PROPERTIES, LLC
7046 TORREY PINE CIRCLE
PORT ST. LUCIE FL 34986-3200



2. New Mailing Address 2023 14 th AVE City, State, Zip VERO BCH FL 32960		4. State/Country of Formation FL	
Principal Place of Business 7046 TORREY PINE CIRCLE PORT ST. LUCIE FL 34986		5. Date Organized or Qualified To Do Business in Florida 09/09/2002	
3. New Principal Place of Business Address SAME City, State, Zip		6. FEI Number 562309921 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent VITIELLO, EZIO 7046 TORREY PINE CIRCLE PORT ST. LUCIE FL 34986		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000023985760 10/21/03--01139--007 **150.00 City FL Zip Code	
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10. 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]* **SIGNATURE REQUIRED** Date 10/17/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES.	EZIO VITIELLO	7046 TORREY PINES CR	PORT ST LUCIE FL 34986
DIR.	NICHOLAS VITIELLO	2023 14 th AV	VERO BCH FL 32960
DIR.	MICHAEL ARMSTRONG	1010 E. 13 th Sq	VERO BCH FL 32960

REINSTATEMENT 03
dcc

12. 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]* **SIGNATURE REQUIRED** Date 10/17/03 Daytime Phone # 772 7781020

Typed or printed name of signing Managing Member/Manager