

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 19 AM 11:17

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L020000 27611

1. Limited Liability Company's Name

ZINGARO, LLC

2. Principal Office Address

3020 SANFORD ROAD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

Zip

33405

Country

USA

3. Mailing Office Address

3020 SANFORD ROAD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

Zip

33405

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

10/17/02

6. FEI Number

42-1562954

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

MICHAEL A. ZINGARO

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

3020 SANFORD ROAD

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State
FL

Zip Code

33405

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**

Michael A. Zingaro

REGISTERED AGENT MUST SIGN

Date

1/10/05

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 | MICHAEL A. ZINGARO | 3020 SANFORD ROAD | WEST PALM BEACH FL 33405 |
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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**

Michael A. Zingaro

Date

1/10/05

Daytime Phone #

(561) 659-6854

Typed or printed name of signing Managing Member/Manager

MICHAEL A. ZINGARO

CR2E041 (10/02)