

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:07

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

CR2E041 (8/05)

**DOCUMENT # L03000022507**

**1. Limited Liability Company's Name**

LANTES INVESTMENTS AND FINANCE LLC

**2. Principal Office Address**

1001 N MACDILL AVE

**3. Mailing Office Address**

1001 N MACDILL AVE

Suite, Apt. #, etc.

STE B

Suite, Apt. #, etc.

STE B

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33607

Country

USA

Zip

33607

Country

USA

**4. State/Country of Formation**

FLORIDA

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

06/16/2003

**6. FEI Number**

75-3120672

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

LAZARO LANTES

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

1001 N MACDILL AVE

Suite, Apt. #, Etc.

STE B

City

TAMPA

State

FL

Zip Code

33607

**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 03/13/2006

REGISTERED AGENT MUST SIGN

**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	LANTES, LAZARO R	1001 N MACDILL AVE STE B	TAMPA, FL 33607
			000069535820 04/05/06--01032--022 **250.00
			REINSTATEMENT 04-06

**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

Date 03/13/06

Daytime Phone # 813-801-9500

Typed or printed name of signing Managing Member/Manager LAZARO R LANTES