

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000029126

1. Entity Name  
F.I.A. DESIGN COLLECTION LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 25 AM 10:38

Principal Place of Business  
1673 PINE RIDGE RD.  
NAPLES, FL 34109

Mailing Address  
1673 PINE RIDGE RD.  
NAPLES, FL 34109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08232005 REIN-LLC CR2E101 (6/04)

4. FEI Number 200680474

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HADI, GARSY  
1673 PINE RIDGE RD.  
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name MARIE COLARUSSO

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

1673 PINE RIDGE RD.

City NAPLES

FL

Zip Code 34109

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE M. Colarusso MARIE COLARUSSO MGRM 8/21/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition  
NAME MARIE COLARUSSO  
STREET ADDRESS 1673 PINE RIDGE RD. NAPLES, FL 34109  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: M. Colarusso MARIE COLARUSSO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #