

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L03000029981

1. Limited Liability Company's Name

New Port Richey Holdings, LLC

2. Principal Office Address

7249 U.S. Highway 19

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34652

Country

USA

3. Mailing Office Address

24945 U.S. Highway 19 N.

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33763

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

8/13/2003

6. FEI Number

74-3101256

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

Christopher H. Norman, Esq.

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

315 South Hyde Park Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33606

**REINSTATEMENT**

04-05

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

REGISTERED AGENT MUST SIGN

Date 1/26/2005

**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
MGR	Brian G. Wolstein	24945 U.S. Highway 19 N.	Clearwater, FL 33763
MGR	Karen J. Wolstein	24945 U.S. Highway 19 N.	Clearwater, FL 33763
MGR	Scott L. Coletti	24945 U.S. Highway 19 N.	Clearwater, FL 33763

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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

Date 1/27/05

Daytime Phone # (727) 726-1460

Typed or printed name of signing Managing Member/Manager

Scott L. Coletti, Manager