

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAR 31 AM 11:34

**DOCUMENT # L03000033074**

1. Limited Liability Company's Name

**Pelrimo 1 Limited Liability Company**

100147951641  
03/30/09--01034--005 \*\*660.00  
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

**801 12th Avenue South**

Suite, Apt. #, etc.

**Ste 300**

City & State

**Naples, Florida**

Zip

**34102**

Country

**USA**

3. Mailing Office Address

**801 12th Avenue South**

Suite, Apt. #, etc.

**Ste 300**

City & State

**Naples, Florida**

Zip

**34102**

Country

**USA**

4. State/Country of Formation

**Florida, USA**

5. Date Organized or Qualified

To Do Business In Florida **8-29-2003**

6. FEI Number

**31-1826172**

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

**Vincent J dePasquale**

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

**801 12th Avenue South**

Suite, Apt. #, Etc.

**Suite 300**

City

**Naples**

State

**FL**

Zip Code

**34102**

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*Vincent J dePasquale*  
REGISTERED AGENT MUST SIGN

Date **3-26-2009**

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	Vincent J dePasquale	801 12th Avenue South Ste 300	Naples, Florida 34102

**REINSTATEMENT 2006-2009**

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

*Vincent J dePasquale*

Date **3-26-2009**

Daytime Phone # **239-261-4191**

Typed or printed name of signing Managing Member/Manager **Vincent J dePasquale**

**T. Hampton APR - 1 2009**

Vincent J. DePasquale  
801 12<sup>th</sup> Avenue South  
Suite 300  
Naples, Florida 342102  
239-261-4191  
vdepasquale@dockcraytoncove.com

March 26, 2009

Registration Section  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: Reinstatement of Pelrimo 1 Limited Liability Company

To Whom It May Concern:

Enclosed please find the Florida Limited Liability Company Reinstatement form in respect of the above-captioned limited liability company.

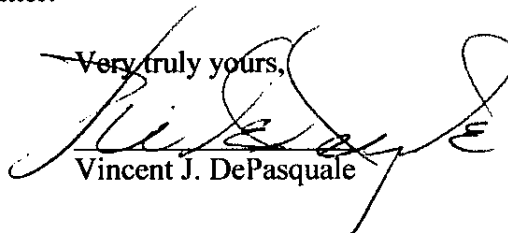
I have enclosed a check made payable to the Florida Department of State in the amount of Six Hundred and Sixty Dollars (\$660.00).

I calculated the fees according to the information supplied on the instructions. My calculations are:

1. Reinstatement fee:	\$100.00
2. Annual Report fee	
\$138.75 a year for	
4 years <sup>1</sup> :	\$555.00
3. Certificate of Status Fee	\$ 5.00
Amount enclosed	<u>\$660.00</u>

Please feel free to contact me if you have any questions.

Thank you for your prompt attention to this matter.

Very truly yours,  
  
Vincent J. DePasquale

<sup>1</sup> The Charter for this company was forfeited in 2006 due to a failure to file annual reports.