

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

06 DEC 15 AM 9:21

DOCUMENT # L 03000036909

1. Limited Liability Company's Name

Alexander Carbone II Group, LLC

90008258355.9
12/10/05 01005 -005 **100.00

2. Principal Office Address

380 S. SR 434

Suite, Apt. #, etc.

1004-345

City & State

Altamonte Springs FL

Zip

32714

Country

USA

3. Mailing Office Address

← Same

Suite, Apt. #, etc.

← Same

City & State

← Same

Zip

← Same

Country

← Same

CR2E041 (8/05)

4. State/Country of Formation

Florida / Orange

5. Date Organized or Qualified
To Do Business in Florida

10/2/03

6. FEI Number

77-0609553

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

Geyzel Monte Negro

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

1132 Park Green Place

Suite, Apt. #, Etc.

City

Winter Park

State
FL

Zip Code

32789

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

12/12/04

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 |
|--------|--------------------------------------|---------------------------------------------------|----------------------|
| VP | Alexander Carbone II | 1132 Park Green Place | Winter Park FL 32789 |
| | | | |
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| | | | |
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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

12/12/04

Daytime Phone #

407-522-8826

Typed or printed name of signing Managing Member/Manager