

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 NOV -3 AM 8:34

DOCUMENT # L03000043587

1. Limited Liability Company's Name

Ralph P. Perrino, CPA, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
14220 Lord Barclay Drive

3. Mailing Office Address
14220 Lord Barclay Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip Country
32837

Zip Country
32837

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 11/12/2003

6. FEI Number
200382354

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
Ralph P. Perrino

Street Address (P.O. Box Number is Not Acceptable)
14220 Lord Barclay Drive

Suite, Apt. #, Etc.

City
Orlando

State Zip Code
FL 32837

☐ 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

Ralph P. Perrino

Date Oct. 25, 2009

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	Ralph P. Perrino	14220 Lord Barclay Drive	Orlando, FL 32837

REINSTATEMENT 2008, 2009

100162418701
11/02/09-01063--016 **\$77.50

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

Ralph P. Perrino

Date Oct. 25, 2009 Daytime Phone# (407) 859-6901

Typed or printed name of signing Managing Member/Manager Ralph P. Perrino

T. Hampton NOV - 4 2009