

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

08 APR 21 AM 8:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

RALPH CONTI JR., LLC L03000044386

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 15364 AVALON AVE. Suite, Apt. #, etc. City & State CLEARWATER, FLORIDA Zip 33760 Country USA

3. Mailing Office Address 15364 AVALON AVE Suite, Apt. #, etc. City & State CLEARWATER, FLORIDA Zip 33760 Country USA

4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 11-13-03 6. FEI Number NONE 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 CONTI JR. Street Address (P.O. Box Number is Not Acceptable) 15364 AVALON AVE. Suite, Apt. #, Etc. City CLEARWATER State FL Zip Code 33760

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 x Ralph Conti Jr. Date x 4-1-08 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGRM, RALPH CONTI JR., 15364 AVALON AVE., CLEARWATER, FLA. 33760

REINSTATEMENT

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. Signature of Managing Member/Manager Ralph Conti Jr. Date 4-17-08 Daytime Phone # (271) 535-2714