

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 11 AM 8:44

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000045825

1. Limited Liability Company's Name

JOSE C. PINTO, LLC

2. Principal Office Address

1827 ELMHURST DR

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33765

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-0406746

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

JOSE C. PINTO

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

1827 ELMHURST DR

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33765

200060491572

10/11/05--01048--003 **200.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/07/05

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/ MEMB	JOSE C. PINTO	1827 ELMHURST DR	CLEARWATER, FL 33765

REINSTATEMENT

04-05

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

[Signature]

Date 10/07/05 Daytime Phone # 727-2784240

Typed or printed name of signing Managing Member/Manager