

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 AUG 22 AM 9:54

DOCUMENT # L 03 0000 50976

1. Limited Liability Company's Name

LUIGI VUKELAJ, LLC

2. Principal Office Address

7661 Mitchell Ranch Rd

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34655

Country

USA

3. Mailing Office Address

7661 Mitchell Ranch Rd

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

34655

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/8/03

6. FEI Number

20-0468285

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

LUIGI VUKELAJ

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

7661 MITCHELL RANCH RD

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34655

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 Luigi Vukelaj

REGISTERED AGENT MUST SIGN

Date X 8-15-06

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 M	LUIGI VUKELAJ	7661 MITCHELL RANCH RD.	New Port Richey, FL 34655
			100079214701 09/29/06--01018--022 **\$55.00

REINSTATEMENT 174-06

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

X Luigi Vukelaj

Date X 8-15-06 Daytime Phone# 727 457-4153

Typed or printed name of signing Managing Member/Manager

LUIGI VUKELAJ