

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 16 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000051044

1. Limited Liability Company's Name

MOLINO'S RISTORANTE, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
26841 SOUTH BAY DRIVE

3. Mailing Office Address
26841 SOUTH BAY DRIVE

Suite, Apt. #, etc.
SUITE 159

Suite, Apt. #, etc.
SUITE 159

City & State
BONITA SPRINGS, FL

City & State
BONITA SPRINGS, FL

Zip
34134

Country
USA

Zip
34134

Country
USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida 12/08/2003

6. FEI Number
20-0456091

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
DAVID MCEL RATH, PA

Street Address (P.O. Box Number is Not Acceptable)
4501 TAMiami TRAIL NORTH

Suite, Apt. #, Etc.
SUITE 204

City
NAPLES

State
FL

Zip Code
34103

☐ 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

REGISTERED AGENT MUST SIGN

Date 04/01/08

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.	NEDZAD PURISIC	26841 SOUTH BAY DRIVE, SUITE 159	BONITA SPRINGS, FL 34134
MGR	SAFET PURISIC	26841 SOUTH BAY DRIVE, SUITE 159	BONITA SPRINGS, FL 34134

REINSTATEMENT 05-07

04/1/16

038114859788
01/11/08--01049--006 **250.00

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 01/04/08

Daytime Phone # 239-982-7025

Typed or printed name of signing Managing Member/Manager