

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
200.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

-FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -5 AM 10:43

DOCUMENT #

1. Limited Liability Company's Name

L03000056330
Restorante d' Angeli LLC

2. Principal Office Address

466 5th Ave. S.

3. Mailing Office Address

462 5th Ave. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Mary Waller

City & State

Naples, Fl

City & State

Naples, Fl

Zip

34102

Country

Zip

34102

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/29/2003

6. FEI Number

200523137

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

Thomas F. Hudgings, PLLC

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

791 10th St. S.

Suite, Apt. #, Etc.

"B"

City

Naples

State

FL

Zip Code

34102

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

9/22/06

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
MGRM	Angelina Turra	564 Parkwood Ln.	Naples, Fl 34103

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

9/22/06

Daytime Phone #

239 404 3445

239 261 2121

Typed or printed name of signing Managing Member/Manager

Angelina Turra