## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	Secretary of State		ate	FILED 10 MAY 25 PM 12: 32		
DOCUMENT # L) 300056805  1. Limited Liability Company's Name  TONY ANTONETTI, LLC				SECRETARY OF STATE  FALL AHASSEE. FLORIDA  SIGN 181812706 05/25/1001009012 **516.00  CR2E041 (12/07)		
2. Principal Office Address - No P.O. Box #  /821 W. MANILA LN.  Suite, Apt. #, etc.  City & State  L R C G N TO F L.	Suite, Apt. #, etc.	18/1/21 10, F	A CANE	5. Date Organ	try of Formation  ized or Qualified ness in Florida  / 2 - 30 - 0 3	S Applied For Not Applicable
Zip Country Zip 34461 Country Citrus  8. Name and Address of Current Registered Agent				CERTIFICATE OF STATUS DESIRED  35.00 Additional Fee required for a Certificate of Status		
			zip Code 3446 [	☐ 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 hamed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent Date 5 - 18 - 10  REGISTERED AGENT MUST SIGN						
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		
man Tony Antonetti		1821 W. Manila LN.		Lecanto, FZ 34	1461	
			R	EINSTA	TEMENT 2008-1	$\frac{JB}{0}$
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 filling 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 914 11586-726/						
Typed or printed name of signing Manager Member/Manager Tony Antonett.						