

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED****LIMITED LIABILITY
COMPANY
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 MAR 23 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L040000004609

1. Limited Liability Company's Name

N/A Glynos LLC

100095803651
04/04/07--01035--018 **150.00
CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

107 LANDMARK ST

Suite, Apt. #, etc.

3. Mailing Office Address

107 LANDMARK ST

Suite, Apt. #, etc.

City & State

Marco Island, FL

City & State

Marco Island FL

Zip

34145

Country

Collier

Zip

34145

Country

Collier

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/16/04

6. FEI Number

20-8665445

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒\$7.50 Additional Fee required
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name

Nicholas Glynos

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

107 LANDMARK ST

Suite, Apt. #, Etc.

City

Marco Island

State

FL

Zip Code

34145

☒ 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 3/20/07

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
MEM	Nicholas Glynos as trustee the Nick Glynos Revocable Trust Dated		10 day of July 1996 Amended and/or Restated
MEM	Athena Glynos as trustee the Athena Glynos Revocable Trust Dated		10 day of July 1996 Amended and/or Restated

REINSTATEMENT 05-07

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 3/20/07

Daytime Phone # 239-394-6351

Typed or printed name of signing Managing Member/Manager