

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 27 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700177674127
04/26/10--01005--019 **655.00

CR2E041 (11/09)

DOCUMENT # L04000015355

1. Limited Liability Company's Name

Scorpio Holdings, LLC

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

209 Grand Pointe Drive

Suite, Apt. #, etc.

3. Mailing Office Address

209 Grand Pointe Drive

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33418

Country

US

Zip

33418

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/26/2004

6. FEI Number

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

ERIC M Sauerberg

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

200 Village Square Crossing

Suite, Apt. #, Etc

Suite 102

City

Palm Beach Gardens

State

FL

Zip Code

33410

☐ 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

4-9-10

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	Frank Bindel	209 Grand Pointe Drive	Palm Beach Gardens, FL 33418

REINSTATEMENT 2007-10

11. E-mail Address: fbindel@aol.com

(To be used for future annual report notifications)

12. 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

4.13.10

Daytime Phone #

971-502 4352

Typed or printed name of signing Managing Member/Manager

Frank Bindel

2072

LAW OFFICES OF
ERIC M. SAUERBERG, P.A.
200 VILLAGE SQUARE CROSSING
SUITE 102
PALM BEACH GARDENS, FLORIDA 33410

TEL: (561) 776-0330
FAX: (561) 776-0302

ERIC M. SAUERBERG**
**MASTERS OF LAW IN TAXATION
ERIC@EMSATTORNEYS.COM

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10 APR 27 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. KRISTA BARTH*
*ADMITTED TO D.C., FLORIDA,
MARYLAND & NEW YORK BARS
KRISTA@EMSATTORNEYS.COM

April 21, 2010

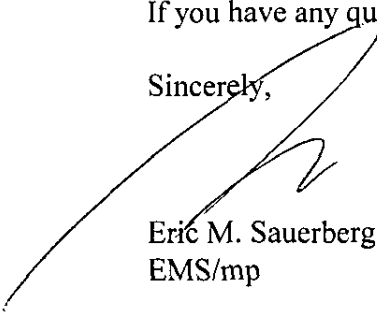
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please find enclosed Reinstatement for Scorpio Holdings, LLC along with a check in the amount of \$655 (\$138.75 for 2007, 2008, 2009 & 2010 and \$100 reinstatement fee) for the filing fees. Please file and return the Reinstatement to my office.

If you have any questions, please do not hesitate to call.

Sincerely,



Eric M. Sauerberg
EMS/mp