

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 14 AM 11:08

DOCUMENT # LO4000036036

1. Limited Liability Company's Name

Deron Riviello, LLC

600062285836

02/28/06--01060--009 **100.00

CR2E041 (8/05)

2. Principal Office Address

6545 Millview Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Same

Zip

32526

Country

USA

Zip

Same

Country

Same

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/4/04

6. FEI Number

30-0259300

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

Deron Riviello

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

6545 Millview Rd.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32526

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

12-16-05

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
<u>MEM</u>	<u>Deron Riviello</u>	<u>6545 Millview Rd.</u>	<u>Pensacola, FL 32526</u>

600062285836
12/20/05--01017--003 **100.00

REINSTATEMENT 05-06

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 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 if made under oath.

Signature of
Managing Member/Manager

Date

12-16-05

Daytime Phone #

850-221-9248

Typed or printed name of signing Managing Member/Manager

Deron Riviello