

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000040926

1. Limited Liability Company's Name

MT Pleasant Enterprises LLC

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

3919 Country View Circle

Suite, Apt. #, etc.

City & State

Sarasota

Zip

34233

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (05/10)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/28/04

6. FEI Number
20-1238402

☐ 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

Caroline DeSantis

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

3919 Country View Circle

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34233

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

Caroline A. DeSantis

REGISTERED AGENT MUST SIGN

Date **6/24/10**

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
mgr	Caroline DeSantis	3919 Country View Circle	Sarasota FL 34233
mgr	Anthony DeSantis	3919 Country View Circle	Sarasota FL 34233
			S. HAWKES
			JUL 6 2010
			EXAMINER

REINSTATEMENT

2009-10

11. E-mail Address:

(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

Caroline A. DeSantis

Date **6/24/10**

Daytime Phone # **(941) 921-3640**

Typed or printed name of signing Managing Member/Manager

Caroline A. DeSantis