## REINSTATEMENT

## SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L04000047143 06 MAY 19 AM 10: 42 1. Entity Name GULLO DEVELOPMENT, LLC Principal Place of Business Mailing Address 10859 EMERALD COAST PKWY. 10859 EMERALD COAST PKWY. #4-227 #4-227 DESTIN, FL 32550 DESTIN, FL 32550 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05032006 **REIN-LLC** CR2E101 (11/05) City & State City & State Applied F 4 FEI Number Not Appli Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GULLO, NICOLO D Street Address (P.O. Box Number is Not Acceptable) 4507 FURLING LANE #204 DESTIN, FL 32541 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and ac the obligations of registered agent SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOW!!! FEE IS \$100.00 liability company did not receive the prior notice. Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES **MGRM** TITLE TITLE ☐ Defete ☐ Change GULLO, ANTONIO D NAME NAME STREET ADDRESS 10859 EMERALD COAST PKWY, #4-227 STREET ADDRESS 100076013041 06/08/06--01034--002 CITY-ST-ZIP DESTIN, FL 32550 CITY-ST-ZIP ☐ Change $\square$ A TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE REMISTATEMENT 05-06 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change □ A TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZIP CITY-ST-ZIP $\square$ A TILE ☐ Delets • TITI F ☐ Change

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<sup>11.</sup> I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.