

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000048360

1. Limited Liability Company's Name

Patinabella LLC

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

3221 Spanish River Drive

Suite, Apt. #, etc.

City & State

Lauderdale by the Sea, FL

Zip

33062

Country

USA

3. Mailing Office Address

3221 Spanish River Drive

Suite, Apt. #, etc.

City & State

Lauderdale by the Sea, FL

Zip

33062

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified

To Do Business in Florida June 28th 2010

6. FEI Number

20-1301200

☐ 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

Vincent Capotosto

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

3221 Spanish River Drive

Suite, Apt. #, Etc.

City

Lauderdale by the Sea

State

FL

Zip Code

33062

☒ 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**

Vincent Capotosto

Date

9/8/09

REGISTERED AGENT MUST SIGN

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
MMGR	Gerri Ann Capotosto	3221 Spanish River Drive	Lauderdale by the Sea, FL 33062
MMGR	Vincent Capotosto	3221 Spanish River Drive	Lauderdale by the Sea, FL 33062

REINSTATEMENT 2008-09

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**

Vincent Capotosto

Date

9/8/09

Daytime Phone #

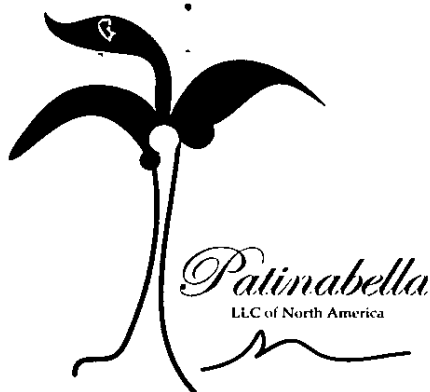
(954)253-4560

Typed or printed name of signing Managing Member/Manager

Vincent Capotosto

JB

2072



FILED
09 SEP 15 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 8, 2009

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Please expedite the following "Reinstatement" we have not prior notices and have checked this box. We are unable to contact our previous registered agent as their phone is disconnected. When filing our 2007 annual report our records indicate that we attached a change of future address, as our business was moving. Unfortunately for whatever reasons this change was not reflected and we have not been receiving notices. We appreciate your assistance in this reinstatement.

Please note our change in address on the enclosed form as well as the change in registered agent as we are unable to contact the previous registered agent.

Please contact MMGR Vincent Capotosto at (954) 253-4560 directly in correspondence to this matter.

We thank you in advance for your help in correcting this oversight.

Per a phone conversation (September 8, 2009) the following amount is enclosed as is understood to "Reinstate" and bring forth 2008 and 2009 annual reports.

Enclosed; find a check for \$277.50 to bring our LLC current.

Vincent Capotosto
MMGR Patinabella LLC
Direct (954) 253-4560