

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 22 AM 10:06

DOCUMENT # L04000062486

1. Limited Liability Company's Name

Angela B. Chinaglia LLC

2. Principal Office Address

1344 Foxfire Lane

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34104

Country

USA

3. Mailing Office Address

1344 Foxfire Lane

Suite, Apt. #, etc.

City & State

Naples FL

Zip

34104

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

August, 24 2004

6. FEI Number

02-0743539

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

Angela B. Chinaglia

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

1344 Foxfire Lane

Suite, Apt. #, Etc.

City

Naples FL

State

FL

Zip Code

34104

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

Angela B. Chinaglia

REGISTERED AGENT MUST SIGN

Date

Sept 20 2006

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
MM	Angela B. Chinaglia	1344 Foxfire Lane	Naples FL 34104
			100080460461 10/04/06--01037--006 **205.00

REINSTATEMENT

05-06

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

Angela B. Chinaglia

Date 9.20.06

Daytime Phone # 239.537.0077

Typed or printed name of signing Managing Member/Manager

Angela B. Chinaglia