2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 10, 2008
Secretary of State

DOCUMENT# L04000062486

Entity Name: ANGELA B CHINAGLIA LLC

Current Principal Place of Business:

1344 FOXFIRE LANE
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

1344 FOXFIRE LANE
NAPLES, FL 34104

New Mailing Address:

FEI Number: 02-0743539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CHINAGLIA, ANGELA B
1344 FOXFIRE LANE
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ANGELA B. CHINAGLIA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MM ( ) Delete
Name: CHINAGLIA, ANGELA B
Address: 1344 FOXFIRE LANE
City-St-Zip: NAPLES, FL 34104

Title: MM ( ) Delete
Name: CHINAGLIA, DONALD
Address: 1344 FOXFIRE LANE
City-St-Zip: NAPLES, FL 34104

Title: MM (X) Delete
Name: CHINAGLIA, ANTHONY
Address: 1344 FOXFIRE LANE
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MM (X) Change ( ) Addition
Name: CHINAGLIA, ANTHONY
Address: 1344 FOXFIRE LANE
City-St-Zip: NAPLES, FL 34104

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: ANTHONY CHINAGLIA MM 10/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date