

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000064639

1. Limited Liability Company's Name

Robert Luke Romano, LLC

2. Principal Office Address - No P.O. Box #
3715 65th Avenue East

Suite, Apt. #, etc.

City & State
Sarasota, FL

Zip
34243

Country
USA

3. Mailing Office Address
Same as principle.

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida 08/30/04

6. FEI Number
N/A

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
Robert Luke Romano

Street Address (P.O. Box Number is Not Acceptable)
3715 65th Avenue East

Suite, Apt. #, Etc.

City
Sarasota,

State
FL

Zip Code
34243

☒ 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

Date
Sarasota, FL

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
MRGM	Robert Luke Romano	3715 65th Avenue East	Sarasota, FL 34243
			600109870916 09/30/07-01008-001 **150.00

REINSTATEMENT

2005-2007

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

Date

8/30/07

Daytime Phone #

941 345 3441

Typed or printed name of signing Managing Member/Manager
Robert Luke Romano,