

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000071318

1. Limited Liability Company's Name

MONTECITO, LLC.

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

17026 SW 52nd Street

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33027

Country

USA

3. Mailing Office Address

17026 SW 52nd Street

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

33027

Country

USA

8. Name and Address of Current Registered Agent

Name

Claudia Giusti

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

17026 SW 52nd Street

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

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

*Claudia Giusti*

REGISTERED AGENT MUST SIGN

Date

11/17/09

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
MGRM	Emilia Giusti (1)	17026 SW 52nd Street	Miramar, FL 33027
MGRM	Claudia Giusti	17026 SW 52nd Street	Miramar, FL 33027
MGRM	Marisa Giusti	17026 SW 52nd Street	Miramar, FL 33027
MGRM	Patricia Giusti	17026 SW 52nd Street	Miramar, FL 33027
MGRM	Vincenzo Giusti	17026 SW 52nd Street	Miramar, FL 33027

11. E-mail Address:

**REINSTATEMENT - 07-10**

12. 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

*Claudia Giusti*

Date

11/17/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

*Claudia Giusti*

FILED

2010 MAR 16 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400163364694  
12/07/09--01003--010 \*\*416.25  
CR2E041 (11/09)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

9/30/04

6. FEI Number

22-3930417

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

☒ 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.

400163364694  
03/17/10-01001-011 \*\*138.75  
City / State / Zip