

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-07
#255.00

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000073021

1. Limited Liability Company's Name

DISCIASCIO INVESTMENTS, L.L.C.

2. Principal Office Address - No P.O. Box #
3003 SW 141 Avenue

Suite, Apt. #, etc.

City & State
Miramar, Florida

Zip
33027

Country
USA

3. Mailing Office Address
3003 SW 141 Avenue

Suite, Apt. #, etc.

City & State
Miramar, Florida

Zip
33027

Country
USA

4. State/Country of Formation
Fort Lauderdale, FL 33027

5. Date Organized or Qualified
To Do Business in Florida **10/7/2004**

6. FEI Number **20-1711211**

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
NOEMI B. MEDINA

Street Address (P.O. Box Number is Not Acceptable)
500 WEST CYPRESS CREEK ROAD

Suite, Apt. #, Etc.
SUITE 230

City
FORT LAUDERDALE

State
FL

Zip Code
33309

☐ 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

Noemi Medina

REGISTERED AGENT MUST SIGN

Date **8/7/2007**

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
MGR	Louis Michael DiSciascio	3003 SW 141 Avenue	Miramar, Florida 33027
			200110061502 09/28/07--01055--016 **255.00

REINSTATEMENT

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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

Louis Michael DiSciascio

Date

8/7/07

Daytime Phone #

954-410-4858

Typed or printed name of signing Managing Member/Manager

Louis Michael DiSciascio