

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JAN 13 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

6-04000076251

Zarella Enterprises, LLC

CR2E041 (10/08)

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

4901 SW 52 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

6511 Nova Drive

Suite, Apt. #, etc.

106

City & State

Davie, FL

City & State

Davie - FL

Zip

33314

Country

USA

Zip

33317

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

10/20/2004

6. FEI Number

59-3786207

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

Stephen Reisman

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

1 SE 3rd Avenue

Suite, Apt. #, Etc.

3050

City

Miami

State

FL

Zip Code

33131

☒ 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

Stephen Reisman

Date

1/8/2009

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
Pres	Larry Zarella	4901 SW 52 Avenue	Davie, FL 33314

200140389372  
01/12/09-01075-010 \*\*416.25

REINSTATEMENT 07-09

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

Larry Zarella

Date

1/8/2009

Daytime Phone #

954-587-4747

Typed or printed name of signing Managing Member/Manager