

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05

FILED

2007 MAR 12 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000078064

1. Limited Liability Company's Name

S & P Investments LLC

2. Principal Office Address

21801 Lakeshore

Suite, Apt. #, etc.

3. Mailing Office Address

21801 Lakeshore

Suite, Apt. #, etc.

City & State

Euclid

City & State

Euclid

Zip

44123

Country

US

Zip

44123

Country

US

4. State/Country of Formation

Ohio

5. Date Organized or Qualified
To Do Business in Florida

10/28/2004

6. FEI Number

20-1810931

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

Brian Perrino

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

2720 Cypress Trace Circle

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34119

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

Brian Perrino

Date

3/7/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Names of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M	Pat Perrino	22500 Lakeland Blvd	Euclid, Ohio 44132
M	Sal Onorato	22500 Lakeland Blvd	Euclid, Ohio 44132

500092643055

03/14/07--01045--017 **150.00

REINSTATEMENT

05-07

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

Pat Perrino

Date

1/22/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Pat Perrino