

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L04000079591

**1. Limited Liability Company's Name**

Iossa & Reed, L.L.C.

**2. Principal Office Address - No P.O. Box #**  
15 Paradise Plaza

Suite, Apt. #, etc.  
255

City & State  
Sarasota, FL

Zip  
34239

Country  
USA

**3. Mailing Office Address**  
same

Suite, Apt. #, etc.  
same

City & State  
same

Zip  
same

Country  
same

**4. State/Country of Formation**  
Florida

**5. Date Organized or Qualified  
To Do Business in Florida** 11-23-2004

**6. FEI Number**  
202177165

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  
Gabriel Reed

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

Suite, Apt. #, Etc.  
255

City  
sarasota

State  
FL

Zip Code  
34239

☒ 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

*Gabriel Reed, mgr*

REGISTERED AGENT MUST SIGN

Date 6-24-2009

**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	Gabriel Reed	15 paradise plaza #255	Sarasota, FL 34239

200157777312  
06/24/09--01039--007 \*\*491.25

REINSTATEMENT 2007-2009

**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

*Gabriel Reed, mgr*

Date 6-24-2009

Daytime Phone # 9417055454

Typed or printed name of signing Managing Member/Manager Gabriel Reed, mgr