

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC 22 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LD4000082367

1. Limited Liability Company's Name

SVIP, LLC

200163893612  
12/22/09--01033--009 \*\*277.50

CR2E041 (11/09)

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

3. Mailing Office Address

4830 W. Kennedy Blvd. 4830 W. Kennedy Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 445

Ste. 445

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33609

USA

33609

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

11-12-04

6. FEI Number

200990241

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

Steve Gionfilippo

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

4830 W. Kennedy Blvd.

Suite, Apt. #, Etc.

Suite 445

City

Tampa

State

FL

Zip Code

33609

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-03-09

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
<u>MBRM</u>	<u>Steve Gionfilippo</u>	<u>4830 W. Kennedy Blvd. Ste. 445</u>	<u>Tampa, FL 33609</u>

REINSTATEMENT 08, 09

11. E-mail Address:

(To be used for future annual report notifications)

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

[Signature]

Date 12-03-09 Daytime Phone # 813-902-9038

Typed or printed name of signing Managing Member/Manager

Steve Gionfilippo

FILED 11-23-2009