PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 SEP 26 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L04000 8a539

1. Limited Liability Company's Name

Russo Family Property, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1720 Kamsack St NW	1720 Kamsack St NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Bay FL	City & State: Palm Bay FL
Zip: 32907 Country: USA	Zip: 32907 Country: USA

4. State/Country of Formation: FL USA

5. Date Organized or Qualified To Do Business in Florida: 11-09-04

6. FEI Number: None ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Celestino Cervini

Street Address (P.O. Box Number is Not Acceptable): 1720 Kamsack St NW

Suite, Apt. #, Etc.:

City: Palm Bay State: FL Zip Code: 32907

☐ 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: Celestino Cervini Date: 9-20-07
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
MGRM	Wilson Andress	4405 Chattahoochee Xing	Marietta GA 30067
	REINSTATEMENT		
	2005-2007 DB	000109849200 09/24/07--01070--014 **250.00	

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 608.408, F.S., and that all fees owed by the limited liability company have been paid. This information indicated on the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: c/o Andress Mgr. Date: 9-20-07 Daytime Phone #: 404-518-9211

Typed or printed name of signing Managing Member/Manager: Wilson Andress