

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L04000082968**

1. Limited Liability Company's Name

Egidio Spagnolo, LLC

07

2. Principal Office Address - No P.O. Box #  
3405-A West Tampa Bay Blvd.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33607

Country

USA

3. Mailing Office Address

3405-A West Tampa Bay Blvd.

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33607

Country

USA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2E041 (10/08)

4. State/Country of Formation  
Florida

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

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  
Egidio Spagnolo

Street Address (P.O. Box Number is Not Acceptable)  
3405-A West Tampa Bay Blvd.

Suite, Apt. #, Etc.

City  
Tampa, Florida

State  
FL

Zip Code  
33607

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

*Egidio Spagnolo*

REGISTERED AGENT MUST SIGN

Date 2-3-9

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	Egidio Spagnolo	3405-A West Tampa Bay Blvd.	Tampa, Florida 33607

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

*Egidio Spagnolo*

Date 2-3-9

Daytime Phone #

813-2701291

Typed or printed name of signing Managing Member/Manager