

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

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

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 |
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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

Date 2-3-9

Daytime Phone #

813-2701291

Typed or printed name of signing Managing Member/Manager