

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 18 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD4000090598

1. Limited Liability Company's Name

Albano Realty Associates, LLC

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

1147 Hillsboro Mile

Suite, Apt. #, etc.

5145

City & State

Hillsboro Beach FL

Zip

33062

Country

USA

3. Mailing Office Address

1147 Hillsboro Mile

Suite, Apt. #, etc.

5145

City & State

Hillsboro Beach FL

Zip

33062

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

1-26-2005

6. FEI Number

20-2225107

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

Edmond P Albano

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

1147 Hillsboro Mile

Suite, Apt. #, Etc.

5145

City

Hillsboro Beach

State

FL

Zip Code

33062

☒ 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

Edmond P Albano

REGISTERED AGENT MUST SIGN

L. SELLERS

MAR 19 2010

Date 2-22-2010

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
Member		Geraldine K Albano			
Member		Geraldine K Albano		1147 Hillsboro Mile	Hillsboro Beach FL 33062
Member		Edmond Albano III		270 A11VIEW AVE	Brewster NY 10509
Member		Justin Albano		499 N. Broadway	White Plains NY 10603
Member		Thomas Albano		77 Carpenter Ave.	Mt. Kisco NY 10549
Member		Matthew Albano		1147 Hillsboro Mile	Hillsboro Beach FL 33062

11. E-mail Address: EdmondAlbano@gmail.com

(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

Edmond P Albano

Date 2-22-2010 Daytime Phone # 954-422-5688