

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DIVISION OF STATE
CORPORATIONS
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**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000093713

1. Limited Liability Company's Name

BRADENTON CODY'S LLC

2. Principal Office Address

4115 Boyd Lane

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34685

Country

USA

3. Mailing Office Address

4115 Boyd Lane

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34685

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

12/28/04

6. FEI Number

20-2584024

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ **X**

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

~~Ted Nicholoudis~~

Anesti Siandris

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

~~5500 34th Street West~~ 4115 Boyd Lane

Suite, Apt. #, Etc.

~~Suite H 101~~

City

~~Bradenton~~ Palm Harbor

State

FL

Zip Code

34210 34685

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

12/28/05

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	Anesti Siandris	4115 Boyd Lane	Palm Harbor, FL 34685
MGRM	Ted Nicholoudis	5500 34th Street West, Ste H 101	Bradenton, FL 34210
			800062512528
			12/30/05--01054--006 **55.00
			REINSTATEMENT 2005

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

12/28/05

Daytime Phone #

727-789-8909

Typed or printed name of signing Managing Member/Manager

ANESTI SIANDRIS