

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC.
DIVISION

07 OCT 30 PM 2:59

DOCUMENT # L05000000166

1. Limited Liability Company's Name

P.N. DiPinto Homes LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
7080 Grassland Ct

Suite, Apt. #, etc.

3. Mailing Office Address
7080 Grassland Court

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip
34241

Country
Sarasota

Zip
34241

Country
Sarasota

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2-14-05

6. FEI Number

20-2257771

☒ 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
Patrick DiPinto III

Street Address (P.O. Box Number is Not Acceptable)
7080 Grassland Court

Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code
34241

☐ 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

Date **10-21-07**

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
CEO	Patrick DiPinto III	7080 Grassland Court	Sarasota, FL 34241

200111382582
10/25/07--01041--003 **100.00

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 608.406, 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 **10-21-07**

Daytime Phone # **860-212-2324**

Typed or printed name of signing Managing Member/Manager

Patrick N. DiPinto III

CASA BLANCA LINEN, LLC
3890 NW 132ND ST.
OPA LOCKA, FL 33054

October 24, 2007

To: Florida Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee FL, 32314

Re: 2006 & 2007 Uniform Business Report for Casa Blanca Linen, LLC
Reference Number: **L05000054646**

We would like to draw your kind attention to the fact that we did not receive the UBR form to file, however we did call the department of state to explain the situation and requested an extension to file. This extension was approved over the phone and we were told to file the report with the original fee of \$100.00.

Respectfully,


Casa Blanca Linen, LLC