

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO5000007435

1. Limited Liability Company's Name

Gavel & Leone, PL.

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

16219 September Dr
Suite, Apt. #, etc.

3. Mailing Office Address

16219 September Dr
Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz, FL

Zip

33549

Country

USA

Zip

33549

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/1/2005

6. FEI Number

20-2212395

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 Alan A. Gavel

Street Address (P.O. Box Number is Not Acceptable)
16219 September Dr

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

☐ 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

Alan A. Gavel

Date 11/6/07

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
<u>Mr. MGR</u>	<u>Alan A. Gavel</u>	<u>16219 September Dr.</u>	<u>Lutz, FL 33549</u>
<u>Mr. MGR</u>	<u>Rick Leone</u>	<u>11027 Spring Hill Dr.</u>	<u>Spring Hill, FL 34608</u>

REINSTATEMENT 2006-2007

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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

Alan A. Gavel

Date 11/6/07

Daytime Phone # 813-416-3335

Typed or printed name of signing Managing Member/Manager

Alan A. Gavel