

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L05 00000 8768**

1. Limited Liability Company's Name

**PINTO MANAGEMENT, LLC**

2. Principal Office Address - No P.O. Box #  
**1269 FOXRIDGE PLACE**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**MELBOURNE FL**

City & State

Zip  
**32940**

Country  
**USA**

Zip

Country

4. State/Country of Formation  
**Florida/ USA**

5. Date Organized or Qualified  
To Do Business in Florida **01/27/2005**

6. FEI Number  
**202246532**

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/11)

E-mail Address:

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name  
**SHAMS, MAURICE**

Street Address (P.O. Box Number is Not Acceptable)  
**1015 Maitland Center Common**

Suite, Apt. #, Etc.  
**#110**

City  
**Maitland**

State  
**FL**

Zip Code  
**32751**

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 **06/14/2011**

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
MGR	PINTO DE OTAZU, INGRID	751 ASHBURY AVENUE	MELBOURNE FL 329

**REINSTATEMENT - 2010 + 2011**

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date **06/06/11**

Daytime Phone # **321-960-1015**

Typed or printed name of signing Managing Member/Manager

*C.S.*