

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000014439

1. Limited Liability Company's Name

Isola International Unit 1905, LLC

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

920 NW 20th Street

Suite, Apt. #, etc.

City & State

Gainesville

Zip

32603

Country

USA

3. Mailing Office Address

P.O. Box 142753

Suite, Apt. #, etc.

City & State

Gainesville

Zip

32614

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

09/15/06

6. FEI Number

202556068

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

Wendy Francesconi

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

920 NW 20th Street

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32603

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

*Wendy Francesconi*

Date

05/11/09

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
MGRM	Wendy Francesconi	920 NW 20th Street	Gainesville, FL 32603
MGRM	Emily Francesconi	21-12 25th Road	Astoria, NY 11002

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

*Wendy Francesconi*

Date

05/11/09

Daytime Phone #

917-363-1724

Typed or printed name of signing Managing Member/Manager

FILED

09 MAY 14 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05/05/09--01037--007 \*\*\$52.00

CR2E041 (10/08)