

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 FEB 10 AM 11:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 205000021838

1. Limited Liability Company's Name

Robert A. Elario, LLC

CR2E041 (10/08)

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

3249 Beneva Rd

Suite, Apt. #, etc.

# 201

City & State

Sarasota, Florida

Zip

34232

Country

USA

3. Mailing Office Address

4509 Bee Ridge Rd

Suite, Apt. #, etc.

# C

City & State

Sarasota, Florida

Zip

34233

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

3/3/5

6. FEI Number

20-2490056

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

Robert A. Elario

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

3249 Beneva Rd

Suite, Apt. #, Etc.

# 201

City

SARASOTA

State

FL

Zip Code

34232

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

Robert Elario

Date

1/28/09

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
PRES	Robert A. Elario	3249 Beneva Rd #201	SARASOTA, FL 34232

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

Robert Elario

Date

1/28/09

Daytime Phone #

941-993-4422

Typed or printed name of signing Managing Member/Manager

Robert A. Elario