

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 JAN 21 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LD5600028055**

1. Limited Liability Company's Name

SOLO CIELO, LLC

400141466474
01/20/09--01033--004 **516.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 322 EAST PARK AV. Suite, Apt. #, etc.		3. Mailing Office Address 322 EAST PARK AV. Suite, Apt. #, etc.	
City & State CHIEFLAND FL		City & State CHIEFLAND FL	
Zip	Country	Zip	Country
	USA	32626	USA

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida 3/21/05	
6. FEI Number 42-167274	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name B LARRY SMITH			
Street Address (P.O. Box Number is Not Acceptable) 322 EAST PARK AV.			
Suite, Apt. #, Etc.			
City	State	Zip Code	
CHIEFLAND	FL	32626	

☐ 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 **B Larry Smith**
REGISTERED AGENT MUST SIGN

Date **1/15/09**

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	B. LARRY SMITH	322 EAST PARK AVENUE, CHIEFLAND FL 32626	
MGRM	PATRICIA M. LEE	530 49 TH STREET SOUTH ST. PETERSBURG FL 33707	
MGRM	MICHAEL G. KNETTEL	5100 28 th AVENUE SOUTH, ST. PETERSBURG FL 33707	

REINSTATEMENT

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01/20/09--01033--005 **5.00

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 **1/15/09**

Daytime Phone#

352-490-5353

Typed or printed name of signing Managing Member/Manager

B. LARRY SMITH