

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 14 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600173892756  
03/31/10--01028--005 \*\*421.25

CR2E041 (11/09)

DOCUMENT #

1. Limited Liability Company's Name

FL INVESTMENTS #1 LLC

L05000031621

WID -16535

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

8254 ROSEBURN CT

Suite, Apt. #, etc.

3. Mailing Office Address

8254 ROSEBURN CT

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip Country

34240 USA

City & State

SARASOTA FL

Zip Country

34240 USA

4. State/Country of Formation

USA

5. Date Organized or Qualified  
To Do Business in Florida

3-31-2005

6. FEI Number

20-1936760

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

STEVEN GREENBERG ESQ

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

90 ICARD MERRILL, ET AL

Suite, Apt. #, Etc.

2033 MAIN ST SUITE 600

City SARASOTA FL

State FL

Zip Code 34237

☒ 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.

600173892756

04/13/10--01006--026 \*\*138.75

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 3/29/10

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
MEM	FRANK MANNO	8254 ROSEBURN CT	SARASOTA, FL 34240
	L. SELLERS		
	APR 15 2010		
	EXAMINER		

REINSTATEMENT 07-10

11. E-mail Address:

FMANNO@VERIZON.NET

(To be used for future annual report notifications)

12. 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

*[Signature]*

Date 3-23-2010

Daytime Phone # 813-503-5535

Typed or printed name of signing Managing Member/Manager

421.25