

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**FILED**

10 JUN -2 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA300180262913
05/04/10--01044--008 **382.50

CR2E041 (11/09)

DOCUMENT # L05000040803

1. Limited Liability Company's Name

Tap, LLC

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

1111 SE 3RD STREET

Suite, Apt. #, etc.

3. Mailing Office Address

3777 JACQUELINE STREET

Suite, Apt. #, etc.

4. State/Country of Formation

FL.

5. Date Organized or Qualified
To Do Business in Florida

4/21/2005

6. FEI Number

55-0896188

Applied For

Not Applicable

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

City & State

CAPE CORAL, FL.

Zip

33990

Country

City & State

BETHPAGE, NY

Zip

11714

Country

8. Name and Address of Current Registered Agent

Name

VICTOR VERDI

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

541 WARWICK LANE

Suite, Apt. #, Etc.

City

VENICE

State

FL

Zip Code

34293

☐ 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.300180262913
06/07/10--01041--006 **516.25

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*Pasquale Cascione* member
REGISTERED AGENT MUST SIGN

Date

4/23/10

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
MGRM	PASQUAL CASCIONE	3777 JACQUELINE STREET	BETHPAGE, NY 11714
MGRM	ANTHONY FARINELLA	1111 SE 3RD STREET	CAPE CORAL, FL 33990
MGRM	THOMAS CORBETT	817 BARD AVENUE	STATEN ISLAND, NY 10307
	L. SELLERS		
	JUN - 8 2010	REINSTATEMENT	08-2010
	EXAMINER		

11. E-mail Address

(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

Pasquale Cascione

Date

4/23/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Pasquale Cascione member