

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 OCT 31 P 3: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000040815

1. Limited Liability Company's Name

**FRAZETTA & ASOCIADOS, LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
**10750 NW 68 LN**

Suite, Apt. #, etc.

City & State  
**DORAL, FL**

Zip  
**33178**

Country  
**USA**

3. Mailing Office Address  
**10750 NW 68 LN**

Suite, Apt. #, etc.

City & State  
**DORAL, FL**

Zip  
**33178**

Country  
**USA**

4. State/Country of Formation  
**FLORIDA/USA**

5. Date Organized or Qualified  
To Do Business in Florida **04/26/05**

6. FEI Number  
**01-0866790**

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  
**BARINAS & ASSOCIATES, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**5701 NW 36 STREET**

Suite, Apt. #, Etc.

City  
**MIAMI,**

State  
**FL**

Zip Code  
**33166**

☒ 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

REGISTERED AGENT MUST SIGN

Date **10/17/2007**

**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
MGR	GIANFRANCO FRAZZETTA	10750 NW 68 LN	DORAL, FL 33178
MGR	SALVADOR FRAZZETTA	10750 NW 68 LN	DORAL, FL 33178

2006111211892  
10/23/07--01040--009 \*\*100.00

**REINSTATEMENT 06-07**

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 **10/17/07**

Daytime Phone # **305-986-9091**

Typed or printed name of signing Managing Member/Manager

**SALVADOR FRAZZETTA**

**FRAZETTA & ASOCIADOS, LLC**

10750 NW 68 LN  
DORAL, FL 33178

October 17, 2007  
Miami, Florida

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

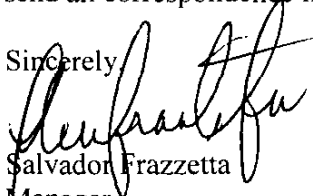
To Whom It May Concern:

I, Salvador Frazzetta, am manager of Frazetta & Asociados, LLC. This letter is in reference to the enclosed reinstatement of said company.

I certify that we never received any documentation indicating an annual report needed to be filed. This may be due to the fact that we changed locations. Therefore, we are requesting waiver of the penalties that have been incurred due to the late filing.

Should you have any question in this regard, please do not hesitate to contact me. Please send all correspondence including certificate of status to the registered agent.

Sincerely,



Salvador Frazzetta  
Manager

enc: 1