

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 DEC -4 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05 000044 358

1. Limited Liability Company's Name

Across the Board Electronics
LLC

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

1410 Sedgwick Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zephyrhills, FL

City & State

Zip

Country

33543 Pasco

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

4/15/2006

6. FEI Number

20-2794312

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

Edward Capobianco

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

1410 Sedgwick Dr

Suite, Apt. #, Etc.

City

Zephyrhills

State

FL

Zip Code

33543

☒ 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

[Signature]

Date

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
MGR	Anthony Capobianco	1410 Sedgwick Dr FL	Zephyrhills, FL 33543
MGR	EDWARD CAPOBIANCO	1410 Sedgwick Dr	Zephyrhills, FL-33543

REINSTATEMENT

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11/30/07--01017--003 **50.00

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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

[Signature]

Date

11/11/07

Daytime Phone #

813-991-1167

Typed or printed name of signing Managing Member/Manager