

L05000047283

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000047283

1. Limited Liability Company's Name

OSSA HOLDINGS, LLC

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

515 E. PARK AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

515 E. PARK AVENUE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip
32301

Country

USA

City & State

TALLAHASSEE, FL

Zip
32301

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

5-12-2005

6. FEI Number

270125477

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

CORP DIRECT AGENTS, INC

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

515 E. PARK AVENUE

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301

☒ 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

Ricky Soto, Asst. Secretary

Date 11/17/2008

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	JOHN QUADAGNO	441 GULFSTREAM ROAD	PALM SPRINGS, FL 33461
			400138183864
			11/21/08--01045--012 **168.75
			REINSTATEMENT 2008

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 10-31-08

Daytime Phone # 561-685-3835

Typed or printed name of signing Managing Member/Manager John Quadagno

TALLAHASSEE, FLORIDA

08 NOV 17 PM 3:15

FILED

CR2E041 (10/08)