

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAY -4 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200179455182
04/30/10--01056--010 **\$655.00

CR2E041 (11/09)

DOCUMENT # L05000053617

1. Limited Liability Company's Name

FNE, LLC

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

2928 Wellington Circle

Suite, Apt. #, etc.

Suite 201

City & State

Tallahassee FL

Zip

32309

Country

USA

3. Mailing Office Address

2928 Wellington Circle

Suite, Apt. #, etc.

Suite 201

City & State

Tallahassee, FL

Zip

32309

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

05/31/2005

6. FEI Number

57-1226707

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

Frank L Visconti

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

2928 Wellington Circle

Suite, Apt. #, Etc.

Suite 201

City

Tallahassee

State

FL

Zip Code

32309

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

Frank V
REGISTERED AGENT MUST SIGN

Date 04/29/2010

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
MM	Frank L. Visconti	2928 Wellington Circle #201	Tallahassee FL 32309
MM	Erich Hauser	1498 Constitution PL	Tallahassee FL 32308

REINSTATEMENT

07-10

02-5-510

11. E-mail Address: Sixv@aol.com

(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

Frank V
Frank Visconti

04/29/2010

Date

Daytime Phone #

850 668-2211

Typed or printed name of signing Managing Member/Manager