

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
10 FEB -2 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L05000067252

1. Limited Liability Company's Name

11495-66<sup>th</sup> St. N.D., LLC

600167769516  
02/02/10-01013--022 \*\*\$55.00

CR2E041 (11/09)

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

11495 66<sup>th</sup> Street

Suite, Apt. #, etc.

3. Mailing Office Address

11495-66<sup>th</sup> Street

Suite, Apt. #, etc.

City & State

Largo FL

Zip

33773

Country

USA

City & State

Largo FL

Zip

33773

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/05

6. FEI Number

20-3113152

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

Dom W. Forte

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

11495 66<sup>th</sup> Street

Suite, Apt. #, Etc.

City

Largo

State

FL

Zip Code

33773

☒ 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

*Dom W. Forte*

REGISTERED AGENT MUST SIGN

Date 1/27/10

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	Dom W. Forte	11495-66 <sup>th</sup> Street	Largo, FL 33773

**REINSTATEMENT** 2007-10

JB

11. E-mail Address: info@fortesonline.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

*Dom W. Forte*

Date 1/27/10

Daytime Phone # 727-434-4273

Typed or printed name of signing Managing Member/Manager Dom W. Forte