


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 25 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # **LO5006071322**

1. Limited Liability Company's Name

THE GAETANO GROUP, LLC

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

4361 Pompano Dr SE

Suite, Apt. #, etc.

3. Mailing Office Address

4361 Pompano Dr SE

Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

St Petersburg FL

Zip

33705

Country

USA

Zip

33705

Country

USA

4. State/Country of Formation

Pinellas

5. Date Organized or Qualified To Do Business in Florida

7/15/2005

6. FEI Number

10-0248236

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 **Jan Delgado**

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

4361 Pompano Dr SE

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33705

☒ 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

Jan Delgado

REGISTERED AGENT MUST SIGN

Date **11/14/08**

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	Brian Gunther	4361 Pompano Dr SE	St Petersburg FL 33705
MGR	Jan Delgado	4361 Pompano Dr SE	St Petersburg FL 33705
MGR	Reginald Gunther	240 115TH AVE E	Treasure Island FL 33706
MGR	Nancy Gunther	240 115TH AVE E	Treasure Island FL 33706
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REINSTATEMENT 06-08			

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

Brian Gunther

Date

11/14/08

Daytime Phone #

727-234-5056

Typed or printed name of signing Managing Member/Manager

Brian Gunther