

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000085626

1. Limited Liability Company's Name

Furnari Industries LLC

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

208 Waterbury Lane

Suite, Apt. #, etc.

City & State

Indian Harbour Beach, FL

Zip

32937

Country

USA

3. Mailing Office Address

208 Waterbury Lane

Suite, Apt. #, etc.

City & State

Indian Harbour Beach, FL

Zip

32937

Country

8. Name and Address of Current Registered Agent

Name

Mark Furnari

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

208 Waterbury Lane

Suite, Apt. #, Etc.

City

Indian Harbour Beach

State

FL

Zip Code

32937

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]
REGISTERED AGENT MUST SIGN

Date

12/01/08

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	Mark Furnari	208 Waterbury Lane	Indian Harbour Beach, FL 32937

REINSTATEMENT 07-08

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

[Signature]

Date

12/01/08

Daytime Phone #

908-410-4422

Typed or printed name of signing Managing Member/Manager **Mark Furnari**

FILED

2008 DEC -9 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200138516522
12/05/08--01040--012 **377.50

CR2E041 (10/08)

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida** 08/29/2005

6. FEI Number
20-3394413

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

☐ 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.