

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 20 AM 10:43

DOCUMENT # L05000095604

1. Entity Name
FAMILYSTONEEXPERIENCE, LLC



Principal Place of Business
15423 SECOND STREET EAST
MADEIRA BEACH, FL 33708

Mailing Address
P.O. BOX 4523
SEMINOLE, FL 33775

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10112006 REIN-LLC CR2E101 (11/05)

4. FEI Number

83 043 9369

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURCIO, PAUL C JR.
15423 SECOND STREET EAST
MADEIRA BEACH, FL 33708

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Paul C. Curcio

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME CURCIO, PAUL C JR.
STREET ADDRESS 15423 SECOND STREET EAST
CITY-ST-ZIP MADEIRA BEACH, FL 33708

TITLE ☐ Change ☐ Addition
NAME 800081024878
STREET ADDRESS 10/19/06--01034--024 **155.00
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME MARTINI, GERALD
STREET ADDRESS 1701 AZAVEDO COURT
CITY-ST-ZIP FOLSOM, CA 95630

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Paul C. Curcio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #