

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LOS000101629

1. Limited Liability Company's Name

Southern Venice Investments, LLC

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

1251 Emerald Bay Dr, West

Suite, Apt. #, etc.

City & State

Destin, Florida

Zip

32541

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Fla/ USA

5. Date Organized or Qualified  
To Do Business in Florida

10-26-2005

6. FEI Number

20-3624839

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

John & Margitta Cristiani

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

1251 Emerald Bay Dr. West

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

☒ 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

[Signature]

Date 2-28-2010

REGISTERED AGENT MUST SIGN

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
MEM	John & Margitta Cristiani	1251 Emerald Bay Drive	Destin, Fla 32541
		West -	

REINSTATEMENT

09/10  
AL

11. E-mail Address: m.cristiani@embarrasmail.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

[Signature]

Typed or printed name of signing Managing Member/Manager

John CRISTIANI & Margitta CRISTIANI

Feb 28<sup>th</sup> 2010

Daytime Phone (850) 837-0484