

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000114132

1. Limited Liability Company's Name

AMICI DEL SUD, LLC

2. Principal Office Address - No P.O. Box #
17708 SW 20 STREET

Suite, Apt. #, etc.

City & State
MIRAMAR, FL

Zip
33029

Country

3. Mailing Office Address
SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida** 11/29/2005

6. FEI Number

☒ 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
DANIELE RIZZI

Street Address (P.O. Box Number is Not Acceptable)
17708 SW 20 STREET

Suite, Apt. #, Etc.

City
MIRAMAR

State FL **Zip Code** 33029

☒ 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**

REGISTERED AGENT MUST SIGN

Date

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)	DANIELE RIZZI	17708 SW 20 STREET	MIRAMAR, FL 33029

REINSTATEMENT

2006-2007

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11/30/07--01012--011 **100.00

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**

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager