

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 SEP 15 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 05000119605

1. Limited Liability Company's Name

FASANO REALTY LLC

CR2E041 (10/08)

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

3101 SOUTH OCEAN DR.

Suite, Apt. #, etc.

APT 2101

City & State

HOLLYWOOD BEACH, FL

Zip

33019

Country

U.S.A.

3. Mailing Office Address

2312 JEROME AVENUE

Suite, Apt. #, etc.

City & State

BROOKLYN, N.Y.

Zip

11235

Country

U.S.A.

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

12/15/2005

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

CARL M. D'ANNA

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

3101 SOUTH OCEAN DR.

Suite, Apt. #, Etc.

APT 2101

City

HOLLYWOOD BEACH

State

FL

Zip Code

33019

☒ 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]*

REGISTERED AGENT MUST SIGN

Date 09/03/09

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	CARL M. D'ANNA	2312 JEROME AVENUE	BROOKLYN, N.Y. 11235
MGRM	RENEE C. D'ANNA	2312 JEROME AVENUE	BROOKLYN, N.Y. 11235

REINSTATEMENT 06-09

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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

09/03/09

Daytime Phone #

917 922 4828

Typed or printed name of signing Managing Member/Manager

CARL M. D'ANNA

SEP 16 2009