

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

PRIME
SECRETARY
DIVISION OF CORPORATIONS

10 JUN -4 AM 11:39

DOCUMENT # **LO5000123097**

1. Limited Liability Company's Name

INFANTINO ENTERPRISES, LLC

200181677812
06/03/10--01031--007 **555.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 34838 MARSH GLEN CT Suite, Apt. #, etc.		3. Mailing Office Address 34838 MARSH GLEN CT Suite, Apt. #, etc.	
City & State ZEPHYRHILLS FL		City & State ZEPHYRHILLS, FL	
Zip 33541	Country USA	Zip 33541	Country USA

4. State/Country of Formation FLORIDA / U.S.A.	
5. Date Organized or Qualified To Do Business in Florida 1/2/2006	
6. FEI Number 20-4003475	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **BRIAN INFANTINO**

Street Address (P.O. Box Number is Not Acceptable)
34838 MARSH GLEN CT

Suite, Apt. #, Etc.

City **ZEPHYRHILLS** State **FL** Zip Code **33541**

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 **5/27/2010**

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
MGRM	BRIAN INFANTINO	34838 MARSH GLEN CT	ZEPHYRHILLS, FL 33541

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11. E-mail Address: **binfantinobri@aol.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]* Date **5/27/2010** Daytime Phone # **813-714-2317**

Typed or printed name of signing Managing Member/Manager **BRIAN INFANTINO**