

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB -3 AM 11:32

DOCUMENT # L06000003685

1. Limited Liability Company's Name

4312 Building, LLC

500142271805
01/28/09--01021--023 **516.25
CR2E041 (10/08)

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

612 Greenwich Ave

Suite, Apt. #, etc.

City & State

Warwick, RI

Zip

02886

Country

USA

3. Mailing Office Address

C/O Thomas M Clark DA
2400 E. Commercial Blvd

Suite, Apt. #, etc.

Suite 820

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1/11/09

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

Thomas M. Clark DA

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

2400 E. Commercial Blvd

Suite, Apt. #, Etc.

Suite 820

City

Ft. Lauderdale

State

FL

Zip Code

33308

☐ 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
MEM	Joseph Catelli	612 Greenwich Ave	Warwick, RI 02886

REINSTATEMENT 2007-09 JB

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 provided 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

1/22/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Joseph Catelli