

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L060000 14058

1. Limited Liability Company's Name

Bradenton Properties of Manatee LLC

900188089329
11/24/10--01014--015 **432.00

CR2E041 (05/10)

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

512 25th St W

Suite, Apt. #, etc.

3. Mailing Office Address

512 25th St W

Suite, Apt. #, etc.

City & State

Bradenton, FL

Zip

34205

Country

US

City & State

Bradenton, FL

Zip

34205

Country

US

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

510613072

☐ 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

ANDRE PERRON

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

2808 Manatee Ave W

Suite, Apt. #, Etc.

2816

City

Bradenton

State

FL

Zip Code

34205

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 11/19/10

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
MBR	GREGG GUINTE	217 22nd St W	Bradenton, FL 34205

REINSTATEMENT 2009-2010

11. E-mail Address: gguinta@verizon.net
(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

Gregg G. Guinda

Date 11/17/10

Daytime Phone # 941-932-2158

Typed or printed name of signing Managing Member/Manager