

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 DEC 17 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06000025219**

1. Limited Liability Company's Name

152 Olanta Drive LLC

200161661242
10/13/09--01061--003 **277.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 152 Olanta Drive		3. Mailing Office Address 152 Olanta Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State The Villages, Florida		City & State The Villages, Florida	
Zip 32162	Country USA	Zip 32162	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida March 8, 2006	
6. FEI Number None	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

8. Name and Address of Current Registered Agent

Name
Alan Francis Ruf, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2455 East Sunrise Boulevard

Suite, Apt. #, Etc.
Suite 609


City
Ft. Lauderdale

State
FL

Zip Code
33304

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 606, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date **September 14, 2009**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Russell T. Guastafeste	2882 Scott Road	Wantagh, New York 11793
MGRM	Anthony Guastafeste	11 Maple Run	Jericho, New York 11743
MGRM	Evelyn Yalung	11 Maple Run	Jericho, New York 11743
MGRM	Charles Cascio	797 Michele Lane	Wantagh, New York 11793

11. I certify that I am managing member/manager or the receiver or trustee empowered to file this application as provided for in chapter 606, 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 **Tony Guastafeste** Date **Sept 14, 2009** Daytime Phone # **516 849 2183**

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT

Please Sign & Return

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