

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 FEB 13 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000027425

1. Limited Liability Company's Name
MICALE PROPERTIES, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
8447 Midnight Pass Rd

Suite, Apt. #, etc.

3. Mailing Office Address
P.O. Box 40146

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State
Sarasota, FL

Zip Country
34242 USA

Zip Country
34242 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
3/15/08

6. FEI Number
204542510

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
Joseph C. Micale

Street Address (P.O. Box Number is Not Acceptable)
8447 Midnight Pass Road

Suite, Apt. #, Etc.

City State Zip Code
Sarasota FL 34242

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR, S, T	Joseph C. Micale	8447 Midnight Pass Road	Sarasota, FL 34242

REINSTATEMENT

FEB 13 2014

R. HUNT

11. E-mail Address: sgrady@darnelllawgroup.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

Daytime Phone # 941-346-0753

Typed or printed name of signing Authorized Representative/Manager Joseph C. Micale