

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
08 NOV 26 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1.06000046775

1. Limited Liability Company's Name

Desoto 120 LLC

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

1909 Piccadilly Circle

Suite, Apt. #, etc.

3. Mailing Office Address

1909 Piccadilly Circle

Suite, Apt. #, etc.

City & State

cape coral florida

City & State

cape coral florida

Zip

33991

Country

usa

Zip

33991

Country

usa

4. State/Country of Formation

florida / usa

5. Date Organized or Qualified

To Do Business in Florida 5/24/06

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

ronald v scalzo jr

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

1909 Piccadilly Circle

Suite, Apt. #, Etc.

City

cape coral

State

FL

Zip Code

33991

☒ 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

Date 10/27/08

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
	Ronald v Scalzo Jr	1909 piccadilly circle	cape coral / fl / 33991

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11/21/08--01037--012 **277.50

REINSTATEMENT
2007 + 2008

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 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

Date 10/27/08

Daytime Phone # 239-728-8333

Typed or printed name of signing Managing Member/Manager: ronald v scalzo jr