

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 24 AM 8:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # LD0000067233

1. Limited Liability Company's Name

5817/6002 BASSA ST., LLC

000161004220

09/24/09--01037--006 **421.25

CR2E041 (10/08)

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

2402 9th Avenue

3. Mailing Office Address

2402 9th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33605

Country

USA

Zip

33605

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified

To Do Business in Florida 07/05/2006

6. FEI Number

27-0974771

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 R. Sireci, Jr.

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

1128 Flagler Avenue

Suite, Apt. #, Etc.

City

Key West

State

FL

Zip Code

33040

☒ 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

Thomas R. Sireci, Jr.

REGISTERED AGENT MUST SIGN

Date 9/22/2009

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
MGRM	Matthew R. Sireci	2402 9th Avenue	Tampa, FL 33605
MGRM	Thomas R. Sireci, Jr.	1128 Flagler Avenue	Key West, FL 33040
	L. SELLERS		
	SEP 25 2009	REINSTATEMENT	0709
	EXAMINER		

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

Thomas R. Sireci, Jr.

Date 9/22/2009

Daytime Phone # 305-293-8888

Typed or printed name of signing Managing Member/Manager

Thomas R. Sireci, Jr.