

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JAN -8 PM 2:05

DOCUMENT # LO6000068580

1. Limited Liability Company's Name

Acqualina 1706 LLC

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

2300 Loveland Blvd.

Suite, Apt. #, etc.

Suite 1

City & State

Port Charlotte FL

Zip

33980

Country

U.S.A

3. Mailing Office Address

< Same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

20-5178176

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

Anthony Brignoni

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

2300 Loveland Blvd

Suite, Apt. #, Etc.

Suite 1

City

Port Charlotte

State

FL

Zip Code

33980

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 12/16/08

10. Names and Street Addresses of Managing Members/Managers

| Titles     | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip                   |
|------------|--------------------------------------|---|--------------------------------------|
| <u>MEM</u> | <u>Anthony Brignoni</u>              | <u>2300 Loveland Blvd</u>                         | <u>Port Charlotte</u>                |
| <u>MEM</u> | <u>Aida Brignoni</u>                 | <u>Suite 1</u>                                    | <u>FL 33980</u>                      |
|            |                                      |   | <u>600139175336</u>                  |
|            |                                      |   | <u>01/06/09--01012--011 **277.50</u> |
|            |                                      |   | <u>600139175336</u>                  |
|            |                                      |   | <u>12/19/08--01045--017 **100.00</u> |
|            |                                      |   |                                      |
|            |                                      |   |                                      |
|            |                                      |   |                                      |

**REINSTATEMENT 2007-C8**

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

[Signature]

Date

12/16/08

Daytime Phone #

941-743-6866

Typed or printed name of signing Managing Member/Manager

**T. Hampton JAN - 9 2009**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 24, 2008

ACQUALINA 1706, L.L.C.  
2300 LOVELAND BLVD SUITE 1  
PORT CHARLOTTE, FL 33980

SUBJECT: ACQUALINA 1706, L.L.C.  
Ref. Number: L06000068580

We have received your document for ACQUALINA 1706, L.L.C. and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2007 through 2008; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$377.50.

We need an additional \$277.50

Any reinstatement application received after January 1st must include the fees for next year's annual report. Please be sure to include an additional \$138.75 if your reinstatement is submitted after January 1st.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 008A00061666