

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 DEC -2 AM 11:30

DOCUMENT # L06000080377

1. Limited Liability Company's Name

SANTA CIRCLE, LLC

CR2E041 (10/08)

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

7824 EMERALD CIRCLE, UNIT 101

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

34109

Country

US

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 3-10-06

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

HERBERT SANTAGATA

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

7824 EMERALD CIRCLE, UNIT 101

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34109

☐ 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

REGISTERED AGENT MUST SIGN

Date

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 | HERBERT SANTAGATA | 7824 EMERALD CIRCLE, UNIT 101 | NAPLES, FL 34109 |
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REINSTATEMENT

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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

Daytime Phone #

761-580-7847

Typed or printed name of signing Managing Member/Manager

HERBERT SANTAGATA

T. Hampton DEC - 3 2009