

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000094085

1. Limited Liability Company's Name

CAM RUN RENTAL & LEASING LLC

FILED

09 MAR 17 AM 8:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA
700145333821
03/17/09--01018--004 **421.25

CR2E041 (10/08)

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

10623 SW CAM RUN WAY

Suite, Apt. #, etc.

City & State

PORT ST LUCIE

Zip

34987

Country

USA

3. Mailing Office Address

17 INDUSTRIAL PKWY

Suite, Apt. #, etc.

City & State

GLOVERSVILLE, NY

Zip

12078

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 09/25/2006

6. FEI Number

20-5623630

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

JAMES PROVENZANO

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

10623 SW CAM RUN WAY

Suite, Apt. #, Etc.

City

PORT ST LUCIE

State

FL

Zip Code

34987

☒ 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

J. Provenzano
REGISTERED AGENT MUST SIGN

Date 03/14/2009

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	JAMES PROVENZANO	10623 SW CAM RUN WAY	PORT ST LUCIE, NY 34987
MGRM	CARMEN GENTILE JR	17 INDUSTRIAL PKWY	GLOVERSVILLE, NY 12078
MGRM	PASQUALE BAIA	10 TREMONT AVE	AMSTERDAM, NY 12010
		L. SELLERS	
		MAR 18 2009	
		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

Carmen Gentile Jr

Date 03/14/2009

Daytime Phone # 5187251313, Ext 107

Typed or printed name of signing Managing Member/Manager CARMEN GENTILE JR