

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000116799

1. Limited Liability Company's Name

FRANCO PAVIA INTERNATIONAL, LLC.

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

2332 GALIANO STREET

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

2332 GALIANO STREET

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

**8. Name and Address of Current Registered Agent**

Name

FRANCO M. DEVECCHI

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

2332 GALIANO STREET

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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 02/19/2009

**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	FRANCO M. DEVECCHI, JR.	2332 GALIANO STREET	CORAL GABLES, FL 33134
MGRM	FRANCO A. DEVECCHI, SR.	2332 GALIANO STREET	CORAL GABLES, FL 33134

REINSTATEMENT

REINSTATEMENT 07-09

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 02/19/2009

Daytime Phone # 305-283-2322

Typed or printed name of signing Managing Member/Manager FRANCO M. DEVECCHI, JR.

FILED

09 MAR 13 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

700144172357  
03/24/09--01030--029 \*\*138.75

CR2E041 (10/08)

4. State/Country of Formation

FLORIDA, MIAMI-DADE COUNTY

5. Date Organized or Qualified

To Do Business in Florida 12/05/2006

6. FEI Number



Applied For



Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☐ 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.