

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 APR -9 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100174812341  
04/07/10--01007--007 \*\*416.25

CR2E041 (11/09)

DOCUMENT # **L07000052820**

1. Limited Liability Company's Name

**Carrino Holdings LLC**

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

**841 SE 7th Ave**

Suite, Apt. #, etc.

3. Mailing Office Address

**841 SE 7th Ave**

Suite, Apt. #, etc.

City & State

**Pompano Beach FL**

Zip

**33060**

Country

**USA**

City & State

**Pompano Beach, FL**

Zip

**33060**

Country

**USA**

4. State/Country of Formation

**Florida USA**

5. Date Organized or Qualified  
To Do Business in Florida

**5/17/07**

6. FEI Number

**26-0266273**

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

**Joseph Carrino**

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

**841 SE 7 Ave**

Suite, Apt. #, Etc.

City

**Pompano Beach**

State

**FL**

Zip Code

**33060**

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 **4/6/10**

☒ 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.

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
MBR	Joseph Carrino	841 SE 7 Ave	Pompano Beach FL 33060
MBR	Lore Carrino	841 SE 7 Ave	Pompano Beach FL 33060
REINSTATEMENT 08-10 DB			

11. E-mail Address: **lcarrino@yahoo.com**

(To be used for future annual report notifications)

12. 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 **4/6/10**

Daytime Phone #

**954-593-6777**

Typed or printed name of signing Managing Member/Manager