

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 DEC 30 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700164063927
12/30/09--01037--006 **238.75

CR2E041 (11/09)

DOCUMENT #

1. Limited Liability Company's Name

A-1 Franchise Advisory, LLC
7207 Beasley Rd
TAMPA, FL 33615

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

7207 Beasley Rd

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33615

Country

USA

3. Mailing Office Address

7207 Beasley Rd

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33615

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

June 2007

6. FEI Number

26-0271762

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 Cerra

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

7207 Beasley Rd

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33615

☐ 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 Dec 28, 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
Managing Member	Anthony Cerra	7207 Beasley Rd	TAMPA, FL 33615
REINSTATEMENT 09		L. SELLERS	
		DEC 31 2009	
		EXAMINER	

11. E-mail Address:

(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

Date Dec 28, 2009 Daytime Phone # 813-882-8482

Typed or printed name of signing Managing Member/Manager