

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

DOCUMENT #

LOT000109751

1. Limited Liability Company's Name

IL FIORE L.L.C.

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

2423 GALIANO St.

Suite, Apt. #, etc.

3. Mailing Office Address

2301 SW 27 AVE

Suite, Apt. #, etc.

706 MIAMI

City & State

CORAL GABLES, FLORIDA

City & State

Zip 33134 Country USA.

Zip 33145 Country USA.

8. Name and Address of Current Registered Agent

Name

BETTY C. DEMARTINI

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

2301 SW 27 AVE.

Suite, Apt. #, Etc.

706

City

Miami

State

FL

Zip Code

33145

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and

Signature of  
Registered Agent

*Betty Demartini*  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager
MGR	BETTY DEMARTINI	2301 SW 27 AVE

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application. In filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company's debts and all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate to the best of my knowledge.

Signature of  
Managing Member/Manager

*Betty Demartini*

Date 11/11/2011

Typed or printed name of signing Managing Member/Manager

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10/16/08 1:56:98 1112  
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CR2E041 (10/08)

4. State/Country of Formation	FLORIDA, USA.	
5. Date Organized or Qualified To Do Business in Florida	10/29/07	
6. FEI Number	<input type="checkbox"/>	Applied For
	<input type="checkbox"/>	Not Applicable
7. CERTIFICATE OF STATUS DESIRED	<input type="checkbox"/>	\$5.00 Additional Fee required

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 Betty Samuels Date 10/13/08.  
REGISTERED AGENT MUST SIGN

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 Billy Janane Date 10/13/08 Daytime Phone # 786 587 2679

Typed or printed name of signing Managing Member/Manager