

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000091100

1. Limited Liability Company's Name

STACKED I LLC

FILED
JUN 23 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700209188387
06/21/11--01032--006 **516.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
1617 W PLATT ST
Suite, Apt. #, etc.

3. Mailing Office Address
1617 W PLATT ST
Suite, Apt. #, etc.

City & State
TAMPA, FL
Zip 33606 Country USA

City & State
TAMPA, FL
Zip 33606 Country USA

4. State/Country of Formation
FLORIDA | USA

5. Date Organized or Qualified To Do Business in Florida
9/24/08

6. FEI Number
26-3427328
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
STEPHEN A. FINELLI

Street Address (P.O. Box Number is Not Acceptable)
1229 ACAPPELLA LN

Suite, Apt. #, Etc.

City
APOLLO BEACH

State
FL Zip Code
33572

E-mail Address:

sterefineelli@aol.com
(To be used for future annual report notices)

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]

Date 6/9/11

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 | City / State / Zip |
|--------|-----------------------------------|--|-----------------------------|
| MGM | STEPHEN A. FINELLI | 1229 ACAPPELLA LN | APOLLO BEACH, FL 33572 |
| MGM | THEODORE "SONNY" HENDRICKS | 13 EUNA LN | ALTAMONTE SPRINGS, FL 32701 |
| MGM | KIM KELLEY | 1236 CORNERSTONE CT | ORLANDO, FL 32835 |
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REINSTATEMENT 2009-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 6/9/11

Daytime Phone # 727-804-3860

Typed or printed name of signing Managing Member/Manager