## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

**DIVISION OF CORPORATIONS** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

12 APR 25 AM 10: 57

## DOCUMENT # L08000093117

1. Limited Liability Company's Name

Signature of Managing Member/Manager

Typed or printed name of signing Managing Member/Manager

Delmonaco

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Daytime Phone #

ANTHONY DELMONACO FAMILY FLORIDA LLC CR2E041 (1/11) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 450 Lighthouse Road 5292 Layton Drive 4. State/Country of Formation Florida 45-4994926 Suite, Apt. #, etc. Suite, Apt. #, etc. Date Organized or Qualified To Do Business in Florida 10/01/2008 City & State City & State 6. FEI Number Applied For New Haven, CT Venice, FL Not Applicable Country Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required 34292 USA 06512-4017 USA for a Certificate of Status Name and Address of Current Registered Agent E-mail Address: Anthony Delmonaco Street Address (P.O. Box Number is Not Acceptable) 5292 Leyton Drive Suite, Apt. #, Etc. Zip Code To be used for future annual report notices) 34292 Venice 9. I, being appointed the registered ag ove named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of 3/29/12 Olivia STERED AGENT MUST SIGN Anthony Delmonaco Registered Agent Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of City / State / Zip Managing Members/Managers MGRM Anthony Delmonaco 5292 Layton Drive Venice, FL 34292 MGRM Anna Delmonaco Venice, FL 34292 5292 Layton Drive c/o Anna Delmonaco, Trustee MGRM Natalie Delmonaco 2008 Trust Venice, FL 34292 5292 Layton Drive c/o Anna Delmonaco, Trustee MGRM Fabio Delmonaco 2008 Trust 5292 Layton Drive Venice, FL 34292 c/o Anna Delmonaco, Trustee MGRM Marcello Delmonaco 2008 Trust Venice, FL 34292 5292 Leyton Drive Catrina Delmonaco 2008 Trust (a/k/a Caterine Delmonaco) c/o Anna Delmonaco, Trustee MGRM Venice, FL 34292 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 application as provided for in s.817.155, F.S.