

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 MAR 13 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L09000116931

1. Limited Liability Company's Name

OCCASIONI DEL SOLE, LLC

CR2E041 (1/14)

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

301 DUNLAWTON AVE

Suite, Apt. #, etc.

3. Mailing Office Address

301 DUNLAWTON AVE

Suite, Apt. #, etc.

City & State

PORT ORANGE FLORIDA

City & State

PORT ORANGE FLORIDA

Zip

32127

Country

USA

Zip

32127

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

12-8-2009

6. FEI Number

27-1456278

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

RAYMOND M. DONADIO JR.

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

3703 S. ATLANTIC AVENUE UNIT 801

Suite, Apt. #, Etc.

UNIT 801

City

DAYTONA BEACH SHORES

State

FL

Zip Code

32118

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3-4-14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR <del>MANAGER</del>	RAYMOND M. DONADIO JR.	3703 S ATLANTIC AVE #801	DAYTONA BEACH SHORES FL 32118
REINSTATEMENT			
MAR 13 2014			
R. HUNT			

11. E-mail Address: RAY @ DONADIO LAW . COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 3-4-14

Daytime Phone #

(386) 763-5083

Typed or printed name of signing Authorized Representative/Manager

RAYMOND M. DONADIO JR.