

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L10000087809

1. Limited Liability Company's Name

BRUNO PIZZERIA, LLC

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

3218 S ATLANTIC AVE

Suite, Apt. #, etc.

SUITE #1 & #2

City & State

DAYTONA BCH SHORES, FL

Zip

32118

Country

VOLUSIA

3. Mailing Office Address

3218 S ATLANTIC AVE

Suite, Apt. #, etc.

SUITE #1

City & State

DAYTONA BCH SHORES, FL

Zip

32118

Country

VOLUSIA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

08/20/10

6. FEI Number

80-0639049

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 **BRUNO SICURANZA**

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

3218 S ATLANTIC AVE

Suite, Apt. #, Etc.

SUITE #1

City

DAYTONA BEACH SHORES

State

FL

Zip Code

32118

E-mail Address:

600213279566
10/13/11--01001--008 **238.75

(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 10/10/11

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
MGRN	BRUNO SICURANZA	3218 S ATLANTIC AVE #1	DAYTONA BCH SHORES, FL 32118

REINSTATEMENT

2011

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 10/10/11

Daytime Phone # 386-492-7845

Typed or printed name of signing Managing Member/Manager

BRUNO SICURANZA