

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L100000096922

1. Limited Liability Company's Name

BATELLO LLC

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

23 Birchwood Dr.

Suite, Apt. #, etc.

City & State

Fishkill NY

Zip

12504 USA

3. Mailing Office Address

23 Birchwood Dr.

Suite, Apt. #, etc.

City & State

Fishkill NY

Zip

12504 USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

9/15/2010

6. FEI Number

27-3508649

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 E. Diamond

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

401 E LINDSEY BLVD

Suite, Apt. #, Etc.

Suite 706

City

Bohannon Beach

State

FL

Zip Code

32809

BWD

000267278340

12/09/14--01021--001 **\$55.00

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 12-3-14

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	Florence Vitellobany	23 Birchwood Dr.	Fishkill, NY 12504

11. E-mail Address:

FLORENCE.VITELLO@901.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

Florence Vitellobany

Date

12/3/14

Daytime Phone #

845-849-6035

Typed or printed name of signing Authorized Representative/Manager

K. ASHTON