

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 OCT 21 AM 10 36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # L10000106947

1. Limited Liability Company's Name

Completely Connected LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 17481 Caloosa trace cir Suite, Apt. #, etc. Unit A City & State Fort Myers, FL Zip 33967 Country USA		3. Mailing Office Address 17481 caloosa trace cir Suite, Apt. #, etc. Unit A City & State Fort Myers, FL Zip 33967 Country USA	
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4. State/Country of Formation Florida United States	
5. Date Organized or Qualified To Do Business in Florida 10/13/2010	
6. FEI Number 27-3680618	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Christopher m Amodeo	
Street Address (P.O. Box Number is Not Acceptable) 17481 Caloosa trace cir	
Suite, Apt. #, Etc. Unit A	
City Fort Myers	State FL Zip Code 33967

E-mail Address:
400213565364
10/21/11--01030--004 **238.75
Chris@ConnectedNow.net
(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 Date 10/17/2011
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
CEO	Christopher m Amodeo	17481 caloosa trace cir	Fort Myers, FL 33967

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 Date 10/17/2011 Daytime Phone # 239-398-4369
Typed or printed name of signing Managing Member/Manager Christopher m Amodeo