

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 MAR -3 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L12000 161078**

1. Limited Liability Company's Name

**303 PIRATES BIGHT, LLC**

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

**303 PIRATES BIGHT**

Suite, Apt. #, etc.

3. Mailing Office Address

**6072 VERA CRUZ RD.**

Suite, Apt. #, etc.

City & State

**NAPLES FL**

City & State

**EMMAUS PA.**

Zip

**34103**

Country

**USA**

Zip

**18049**

Country

**USA**

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

**9/27/2013**

6. FEI Number

**46-2044194**

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

**LANDIS, CLETUS, JR**

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

**303 PIRATES BIGHT**

Suite, Apt. #, Etc.

City

**NAPLES**

State

**FL**

Zip Code

**34103**

**400268009344**  
03/03/15--01031--006 \*\*277.50

**400268009344**  
01/05/15--01028--011 \*\*238.75

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

**CLETUS LANDIS**

REGISTERED AGENT MUST SIGN

Date **12/30/14**

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
MGR	CAROL LANDIS	6072 VERA CRUZ RD	EMMAUS PA 18049
		CA LANDIS @ ME. com	

11. E-mail Address: **CLETUS @ STAR CAR. COM**

**CA LANDIS @ ME. 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 605, 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

**Carol A Landis**

Date **12/30/14**

Daytime Phone # **610 462 4980**

Typed or printed name of signing Authorized Representative/Manager