

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

2023 MAY 12 PM 12:50

DOCUMENT # L13000033167

1. Limited Liability Company's Name

Fargo Real Estate Holdings, LLC

800366146778
05/12/21--01008--005 **1218.75

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

130 - 24th Avenue North

3. Mailing Office Address

130 - 24th Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33704

Country

USA

Zip

33704

Country

USA

8. Name and Address of Current Registered Agent

Name

Samuel P. Lanza, Jr.

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

130 - 24th Avenue North

Apt. # Etc.

City

St. Petersburg

State
FL

Zip Code

33704

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3.18.21

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
MGRM	Samuel P. Lanza, Jr.	130 - 24th Avenue North	St. Petersburg, FL 33704
MGRM	Corinne K. Lanza	130 - 24th Avenue North	St. Petersburg, FL 33704

REINSTATEMENT

MAY 12 2021

R. HUNT

11. E-mail Address

SPLANZA@Hotmail.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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

3.18.21

Daytime Phone #

727 480 7445

Typed or printed name of signing authorized representative/member