PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 OCT 31 PM 2:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

800266074758

CR2E041 (1/14)

DOCUMENT #L13000115319

1. Limited Liability Company's Name
VITALE ESTATE, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1121 Gladstone Blvd.	1121 Gladstone Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Englewood, FL	City & State: Englewood, FL
Zip: 34223-1925 Country: US	Zip: 34223-1925 Country: US

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 08/15/2013
08/15/2013

6. FEI Number: 46-3618724 ☐ 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: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32301

REINSTATEMENT

OCT 31 2014

R. HUNT

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: Courtney Williams Asst Vice President Date: 10.31.14
REGISTERED AGENT MUST SIGN

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
AMBR	Nancy Lemonde	1121 Gladstone Blvd.	Englewood, FL 34223-1925
AMBR	Mary Lee Graham	1955 S E 34th St	Ocala, FL 34471
AMBR	Paula Bennett	1324 Pine Needle Rd	Venice, FL 34285
AMBR	Pamela Cox	117 Ravenna St N	Nokomis, FL 34275
AMBR	Bonnie Vitale	2203 S E 28th PL	Ocala, FL 34471
AMBR	Edward Vitale	2498 Laurel Rd	Nokomis, FL 34275

11. E-mail Address: nancylemonde@verizon.net
(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: Nancy M Lemonde Date: 10-28-2014 Daytime Phone #: 941 473-2830

Typed or printed name of signing Authorized Representative/Manager: Nancy Lemonde

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 332744 7950132

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : October 10, 2014

ORDER TIME : 12:0 PM

ORDER NO. : 332744-005

CUSTOMER NO: 7950132

DOMESTIC FILINGS

NAME: VITALE ESTATE, LLC

RECEIVED
DEPARTMENT OF STATE
14 OCT 31 PM 2:09

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

OCT 31 2014

EXAMINER'S INITIALS R. HUNT