

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # L14000014525

1. Limited Liability Company's Name

VILLA BELLINI RISTORANTE LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #  
2930 GULF TO BAY BLVD3. Mailing Office Address  
2930 GULF TO BAY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
CLEARWATER, FLCity & State  
CLEARWATER, FLZip  
33759

Country

Zip  
33759

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☒ Applied For☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
ANNA M. FEOLAStreet Address (P.O. Box Number is Not Acceptable)  
4600 140TH AVE NSuite, Apt. # Etc  
SUITE 210City  
CLEARWATERState  
FLZip Code  
3376230026578839  
02/20/15--01043--007 \*\*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 Anna M. Feola  
REGISTERED AGENT MUST SIGNDate 02-13-2014

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	CIRO MANCINI	2930 GULF TO BAY BLVD	CLEARWATER, FL 33759
MGR	RUSSELL J QUAGLIA	1292 MILANO CIRCLE	DUNEDIN, FL 34698
MGR	MUTUAL AFFINITY LLC	11442 CHATEAUBRIAND AVE	ORLANDO, FL 32836
MGR	Addonizio Family Limited Partnership	312 SIGNATURE COURT	SAFETY HARBOR, FL 34695

11. E-mail Address VA@RSAIB.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

CIRO MANCINI

Date

2/8/15

Daytime Phone #

727-754-9848

Typed or printed name of signing Authorized Representative/Manager