

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **L170000063072**

1. Limited Liability Company's Name
**SCOTTO'S Italian ristorante
INC**

2. Principal Office Address - No P.O. Box #
1701 DOYLE RD
Suite Apt # etc
B
City & State
DELTONA FL
Zip Country
32725

3. Mailing Office Address
1701 DOYLE RD
Suite Apt # etc
B
City & State
DELTONA FL
Zip Country
32725

8. Name and Address of Current Registered Agent

Name
CATERINA SCOTTO
Street Address (P.O. Box Number is Not Acceptable) Suite
1701 DOYLE RD
Apt # Etc
B
City State Zip Code
DELTONA FL 32725

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]** Date **4/24/19**
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

REINSTATEMENT

MAY 01 2019

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11. E-mail Address **CATERINASCOTTO@gmail.com**
(To be used to receive 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 **[Signature]** Date **4/24/19** Daytime Phone # **321-480-0662**

Typed or printed name of signing authorized representative/member

FILED

19 APR 30 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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04/30/19--01014--002 \$45.00

CR2E041 (1/14)

382.50

4. State/Country of Formation **FLORIDA**

5. Date Organized or Qualified To Do Business in Florida **3/25/17**

6. FEI Number **85-1247795** Applied For ☐ Not Applicable ☒

7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a certificate of status