PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2025 FEB 26 PM 12:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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02/26/25--01020--002 **200.75

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L2100475846

1. Limited Liability Company's Name
FIDENZA CAPITAL HOLDINGS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
390 North Orange Avenue	390 North Orange Avenue
Suite, Apt. #, etc. Suite 1400	Suite, Apt. #, etc. Suite 1400
City & State Orlando, Florida	City & State Orlando, Florida
Zip / Country 32801 / USA	Zip / Country 32801 / USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business In Florida
11/04/2021

6. FEI Number
87-3525912
☐ 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
PARACORP INCORPORATED

Street Address (P.O. Box Number is Not Acceptable) Suite,
155 Office Plaza Drive

Apt. #, Etc.
1st Floor

City: Tallahassee | State: FL | Zip Code: 32301

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: Jody Mova, Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 3/3/2025

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	DE Fidenza Capital Management, LLC	390 North Orange Avenue, Suite 1400	Orlando, FL 32801

11. E-mail Address: helen.ford@nelsonmullins.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 605.0112, 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: 2/17/25 Daytime Phone #: (407) 669-1322

Typed or printed name of signing authorized representative/member: Reynaldo Rolo, II, auth. rep. of DE Fidenza Capital Management

T. WILSON
FEB 26 2025