LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN -8 AM 10: 50

DOCUMENT # L970000001 67

1. Limited Liability Company's Name

ZIZI PINA L.C.

CR2E041 (8/05)

2. Principal Office Address
14974 MAHOE CT

Suite, Apt. #, etc.

City & State
FT. MYERS, FL

Zip	Country
33908	LEE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip	Country

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 2-11-97

6. FEI Number
59-3471378

☐ 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
BERNARD S. MARTINS

Street Address (P.O. Box Number is Not Acceptable)
14974 MAHOE CT

Suite, Apt. #, Etc.

City
FORT MYERS

State	Zip Code
FL	33908

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _~Bernard S Martins~_

REGISTERED AGENT MUST SIGN

Date 5/26/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR M ~~MM~~	BERNARD S. MARTINS	14974 MAHOE CT	FORT MYERS, FL 33908
			800078293998
			REINSTATEMENT 1998-2006

11. I certify that I am managing member/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 608.406, 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.

Signature of Managing Member/Manager _~Bernard S Martins~_   Date 5/26/06   Daytime Phone # 239-590-9899

Typed or printed name of signing Managing Member/Manager _____