

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY -9 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L97000000430**

1. Limited Liability Company's Name

**Compass Strazzulla, L.C.**

2. Principal Office Address

**11631 Grandview Blvd**  
Suite, Apt. #, etc.

3. Mailing Office Address

**11631 Grandview Blvd.**  
Suite, Apt. #, etc.

City & State

**Kissimmee FL**

City & State

**Kissimmee FL**

Zip

**34744**

Country

**USA**

Zip

**34744**

Country

**USA.**

4. State/Country of Formation

**Florida U.S.A.**

5. Date Organized or Qualified  
To Do Business in Florida

**4/21/97**

6. FEI Number

**65 0843205**

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

**Daniel R. Blackford**

**000018674310**

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

**11631 Grandview Blvd.**

**05/09/03 01067 002 \*\*\$5.00**

Suite, Apt. #, Etc.

City

**Kissimmee**

State

**FL**

Zip Code

**34744**

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

**Daniel R. Blackford**

REGISTERED AGENT MUST SIGN

Date **May 7, 2003**

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
PD	Daniel R. Blackford	11631 Grandview Blvd.	Kissimmee, FL 34744

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

**Daniel R. Blackford**

Date

**May 7, 2003**

Daytime Phone #

**407-944-4389**

Typed or printed name of signing Managing Member/Manager

**Daniel R. Blackford**

CR2EDM1 (10/02)