

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -8 AM 10:45

2003/08/04

DOCUMENT # L97000000495

1. Limited Liability Company's Name

PEPPINO ART CREATIONS LIMITED COMPANY

REINSTATEMENT 2003-2004

2. Principal Office Address

6817 Chippendale Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 262528

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33634

Country

U.S.A.

Zip

33685

Country

U.S.A.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified

To Do Business in Florida May 7, 1997

6. FEI Number

59-3445551

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

Robert S. Citranelli

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

6817 Chippendale Ct.

800030062388

03/09/04--01020--008 **205.00

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33634

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

Robert S. Citranelli

REGISTERED AGENT MUST SIGN

Date February 15, 2004

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
MGRM	Robert E. Schieder	6817 Chippendale Ct.	Tampa, FL 33634
MGRM	Robert S. Citranelli	6817 Chippendale Ct.	Tampa, FL 33634

REINSTATEMENT 2003-2004

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

Robert S. Citranelli

MGRM

Date 2/15/2004

Daytime Phone # 813-901-5863

Typed or printed name of signing Managing Member/Manager

Robert S. Citranelli MGRM

CR2E041 (10/02)