

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
MAY 4 2010  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

451.25

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L98000000918

1. Limited Liability Company's Name

CONTINENTAL ASSOCIATES, LLC

500171860375  
03/11/10--01002--026 \*\*277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

2000 B CONTINENTAL DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

Country

33407

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

7/06/1998

6. FEI Number

65-0846851

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee imposed for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

GENARO SAGLIOCCA

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

2000 B CONTINENTAL DR

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33407

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 3/08/2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
PRESIDENT OWNER	GENARO SAGLIOCCA	2000 B CONTINENTAL DR	West Palm Beach, Florida 33401
	S. HAWKES		
	EXAMINER		
	REINSTATEMENT		
	2000-2006-10		
	793.75		

500171860375  
05/04/10--01050--001 \*\*476.25

S. HAWKES  
MAR 17 2010  
EXAMINER

11. E-mail Address: KIDNEYDES@AOL.COM

(To be used for future annual report submissions)

12. I certify that I am managing member/manager of 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 608.408, 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

*[Handwritten Signature]*

Date 3/08/2010

Daytime Phone # 561-845-2680

Typed or printed name of signing Managing Member/Manager

GENARO SAGLIOCCA