

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV -5 AM 8:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L98000003291

1. Limited Liability Company's Name

SIMONE DEVELOPMENT, L.L.C.

REINSTATEMENT 0191

2. Principal Office Address

1600 GULF BLVD.

Suite, Apt. #, etc.

#815

City & State

CLEARWATER, FL. 33767

Zip

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

12/21/98

6. FEI Number

13-3977182

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

RICHARD R. SIMONE

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

1600 GULF BLVD.

Suite, Apt. #, Etc.

#815

City

CLEARWATER

State

FL

Zip Code

33767

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

RICHARD R. SIMONE

Date

10/28/99

REGISTERED AGENT MUST SIGN

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	RICHARD R. SIMONE	1600 GULF BOULEVARD #815	CLEARWATER, FL.
MGRM	RICHARD R. SIMONE, TRUS	1600 GULF BOULEVARD #815	CLEARWATER, FL.
MGRM	IRENE SIMONE, TRUSTEE	1600 GULF BOULEVARD #815	CLEARWATER, FL.
			700003047327--9 11/17/99-01061-023 ****150.00 ****150.00 JH-A-44

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

RICHARD R. SIMONE

Date

10/28/99

Daytime Phone #

(727) 593-1974

Typed or printed name of signing Managing Member/Manager

RICHARD R. SIMONE