

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L99000003674**

1. Limited Liability Company's Name

Restructure Partners, LLC

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

9519 E. MARTIN LUTHER KING

Suite, Apt. #, etc.

Suite 100

City & State

TAMPA FLA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

33610

Country

HILLSBOROUGH

Zip

Country

4. State/Country of Formation

FLA/HILLSBOROUGH

5. Date Organized or Qualified
To Do Business in Florida

06-17-1999

6. FEI Number

59-3583964

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

JOHN J. Ceccarelli

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

9519 E. MARTIN LUTHER KING BLVD

Suite, Apt. #, Etc.

Suite 100

City

TAMPA

State

FL

Zip Code

33610

☐ 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



REGISTERED AGENT MUST SIGN

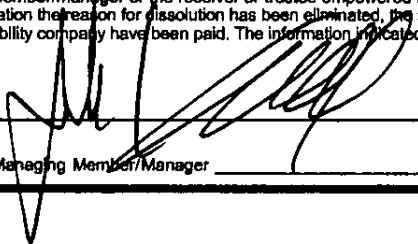
Date **2-23-2009**

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
President	JOHN J. Ceccarelli	9519 E. MARTIN LUTHER KING	TAMPA, FLA 33610
REINSTATEMENT			
07-09			
L. SELLERS			
MAR - 4 2009			
EXAMINER			

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



Date **2-23-09** Daytime Phone # **813 686-8111**

Typed or printed name of signing Managing Member/Manager

EXT. 100

Restructure Partners, LLC

2-23-09

Divisions of Corporations
Registration Section
PO Box 6327
Tallahassee, FLA 32314

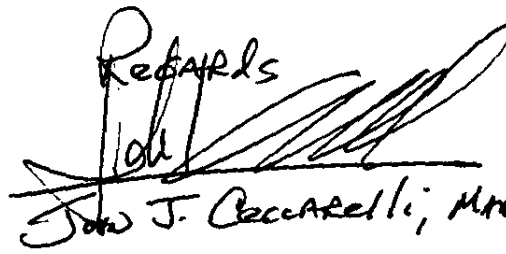
FOR: 99000023674
Restructure Partners, LLC

Dear Folks:

Enclosed is the executed limited liability company
Reinstatement Form. Also enclosed is a check for all fees
of \$516.25. The fees for reinstatement are \$516.25,
For a Certificate of Status \$5.00. And we need a
Certified Copy of the Reinstatement, which we were told
is \$30.00. The Grand Total is \$541.25.
Check is made out to Department of State

Please expedite ASAP

Thank

Regards

John J. Coccarelli, Managing Member