

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**REINSTATEMENT** 2000

**DOCUMENT #**

1. Limited Liability Company's Name

L99-4580

Vinovibe, LLC

2. Principal Office Address

190 112<sup>th</sup> Ave N.

Suite, Apt. #, etc.

707

City & State

St. Petersburg, FL

Zip

33716

Country

Pinellas

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

July 22, 1999

6. FEI Number

59-3590363

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

Lori DeAngelis

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

190 112<sup>th</sup> Ave N # 707

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33716

500003488415-0

-12/05/00-01113-017

\*\*\*\*155.00 \*\*\*\*155.00

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

Lori A DeAngelis  
REGISTERED AGENT MUST SIGN

Date 10/30/00

**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

Pres Richard J. DeAngelis 190 112<sup>th</sup> Ave N # 707 St. Pete, FL 33716

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 J. DeAngelis

Date 10/30/00

Daytime Phone #

727-642-8466

Typed or printed name of signing Managing Member/Manager

Richard J. DeAngelis