

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

00 OCT 27 PM 11:02

DOCUMENT # **L99-7357**

1. Limited Liability Company's Name

STELLA REALTY LLC

REINSTATEMENT 2000

2. Principal Office Address

803 SW 14th COURT

Suite, Apt. #, etc.

3. Mailing Office Address

803 SW 14th COURT

Suite, Apt. #, etc.

City & State

Pompano Bch FL

Zip

33060

Country

USA

City & State

Pompano Bch FL

Zip

33060

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/2/99

6. FEI Number

65 096 4585

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

FRANK PAGLIANTI

000003456230

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

4310 S OCEAN BLVD UNIT D

Suite, Apt. #, Etc.

City

HIGHLAND Bch

State

FL

Zip Code

33487

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

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
	JERRY BEHAN	6466 AMBERWOODS DR	Boca Raton 33433
	Michael PAGLIANTI		
	FRANK PAGLIANTI	4310 S. OCEAN BLVD	Highland Bch 33487

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

Frank Paglianti

Date

10/20/2000

Daytime Phone #

954 283-5800

Typed or printed name of signing Managing Member/Manager

FRANK PAGLIANTI

CR2EM1 (9/99)