

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 19 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # MO4000000 214

1. Limited Liability Company's Name

NARRAGANSETT LLC

CR2E041 (1/07)

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

3665 EAST BAY DRIVE

Suite, Apt. #, etc.

SUITE 204-177

City & State

LARGO, FLORIDA

Zip

33771

Country

USA

3. Mailing Office Address

1116 PHYLLIS AVE

Suite, Apt. #, etc.

City & State

LARGO FL.

Zip

33771

Country

USA

4. State/Country of Formation

MISSOURI

5. Date Organized or Qualified
To Do Business in Florida

JAN. 16 2004

6. FEI Number

EIN 86-1139868

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

FRANCIS A PUPA

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

1116 PHYLLIS AVE

Suite, Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33771

☒ 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

Francis A Pupa

REGISTERED AGENT MUST SIGN

Date 10-16-07

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	FRANCIS A PUPA	1116 PHYLLIS AVE	LARGO FL. 33771
MGRM	BEVERLY PUPA	1116 PHYLLIS AVE	LARGO FL. 33771

REINSTATEMENT

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10/19/07--01049--014 **100.00

06, 07

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

Francis A Pupa

Daytime Phone # 727-581-1105

Typed or printed name of signing Managing Member/Manager

FRANCIS A PUPA

2006 10/19/07
Return to
SPS