

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JUN -2 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600181562976  
06/01/10--01061--006 \*\*466.25

CR2E041 (11/09)

DOCUMENT # M06000004282

1. Limited Liability Company's Name

BALOCLO - SILVER LAKES LLC

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

860 Chiavari CT

Suite, Apt. #, etc.

3. Mailing Office Address

860 Chiavari CT

Suite, Apt. #, etc.

City & State

Brentwood, CA

Zip

94513

Country

U.S.A.

City & State

Brentwood, CA

Zip

94513

Country

U.S.A.

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

8-2-06

6. FEI Number

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ 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

☒

*E. Balocco*

REGISTERED AGENT MUST SIGN

Date 5-28-10

**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
MGMR	Eddy P. Balocco	860 Chiavari CT.	Brentwood, CA 94513
REINSTATEMENT	08-2010	L. SELLERS	JUN - 3 2010
		EXAMINER	

11. E-mail Address. frish.balocco@yahoo.com

(To be used for future annual report notifications)

12. 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

☒

*E. Balocco*

Date 5-28-10

Daytime Phone # (925) 457-7608

Typed or printed name of signing Managing Member/Manager

Eddy P. Balocco