

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 SEP -2 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M09000000223

1. Limited Liability Company's Name

Providence Partners International, LLC

900184914249
08/31/10--01037--006 **243.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 240 Crandon Boulevard		3. Mailing Office Address 240 Crandon Boulevard	
Suite, Apt. #, etc. Suite 228		Suite, Apt. #, etc. Suite 228	
City & State Key Biscayne, FL		City & State Key Biscayne, FL	
Zip 33149	Country USA	Zip 33149	Country USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida **October 10, 2008**

6. FEI Number **80-0282255** ☒ 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
Antonio Buzaneli

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

Suite, Apt. #, Etc.
Suite 228

City
Key Biscayne

State
FL

Zip Code
33149

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

Date **August 25, 2010**

REGISTERED AGENT MUST SIGN

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
MGR	Antonio Buzaneli	240 Crandon Boulevard Suite 228	Key Biscayne, FL 33149
	L. SELLERS		
	SEP - 3 2010		
	EXAMINER		

REINSTATEMENT 2010

11. E-mail Address: **alopez@provcos.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

Date **August 25, 2010** Daytime Phone # **786-866-5824 Ext 120**

Typed or printed name of signing Managing Member/Manager **Antonio Buzaneli**