

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 of 2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT
2014-2017**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 OCT -3 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
806504148508

DOCUMENT # M100000000069

1. Limited Liability Company's Name
Tampia, LLC

2. Principal Office Address - No P.O. Box #
23858 Malibu Road

3. Mailing Office Address
23858 Malibu road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Malibu, CA

City & State

Malibu, CA

Zip

90265

Country

USA

Zip

90265

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

2010

6. FEI Number

27-1673903

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) Suite,

1201 Hays Street

Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Roxanne Turner
REGISTERED AGENT MUST SIGN

Roxanne Turner

Asst. Vice President

Date

10/3/17

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr.	Charlene Sperber	23858 Malibu Road	Malibu, CA 90265
Owner	Ronald Cammarata	512 Green Mountain St	Simi Valley, CA 93065

11. E-mail Address: ron@cammaratacpa.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Ronald Cammarata

Date 10-2-17

Daytime Phone # 818-314-6067

Typed or printed name of signing authorized representative/member

Ronald Cammarata

K ASHTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 845009 8153037

AUTHORIZATION :

COST LIMIT : \$ 655.00

Lynell Coleman

ORDER DATE : October 3, 2017

ORDER TIME : 10:15 AM

ORDER NO. : 845009-005

CUSTOMER NO: 8153037

17 OCT -3 AM 11:04

REINSTATEMENT

NAME: TAMPPIA LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____

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