

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**

01 OCT 23 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M95000000333

**1. Limited Liability Company's Name**

NARRAGANSET, L.L.C.

**REINSTATEMENT** 2001

**2. Principal Office Address**  
1065 Route 22 West

**3. Mailing Office Address**  
1065 Route 22 West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bridgewater, NJ

City & State

Bridgewater, NJ

Zip

08807

Country

Somerset

Zip

08807

Country

Somerset

**4. State/Country of Formation**

NJ

**5. Date Organized or Qualified  
To Do Business in Florida**

11/06/95

**6. FEI Number**

22-3323543

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

**\$500 Additional Fee required  
for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name

Kenneth S. Pizzo, Sr.

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

55 North 4th Street, Apt. 403

Suite, Apt. #, Etc.

Apt. 403

City

Cocoa Beach

State

FL

Zip Code

32931

**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 10/17/01

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	Kenneth S. Pizzo, Sr.	1065 Route 22 W.	Bridgewater, NJ 08807
Mgr	Cosmo Scardino	105 Newark Avenue	Spring Lake, NJ 07762

**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

Date 10/17/01

Daytime Phone # 908-526-2230

Kenneth S. Pizzo, Sr.

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)