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PLEASE READ ALL INS[illegible]TIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 01000003133

1. Limited Liability Company's Name
BOHECA SERVICES, LLC

2. Principal Office Address	3. Mailing Office Address
16927 DISK DRIVE	PO BOX 11439
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SPRING HILL, FL	City & State: SPRING HILL, FL
Zip: 34610 Country: USA	Zip: 34610 Country: USA

4. State/Country of Formation: FLORIDA / USA
5. Date Organized or Qualified To Do Business in Florida: February 27, 2001
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: P.A. ALLEE
Street Address (P.O. Box Number is Not Acceptable): 16927 DISK DRIVE
Suite, Apt. #, Etc.:
City: SPRING HILL State: FL Zip Code: 34610

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: P.A. Allee Date: 10/22/02
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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	P.A. Allee	P.O. Box 11439	Spring Hill, FL 34610
MBR	M.I. MEEKER	PO BOX 11439	Spring Hill, FL 34610
		REINSTATEMENT 2002	

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: P.A. Allee / M.I. Meeker Date: 10/22/02 Daytime Phone #: (727) 857-2418

Typed or printed name of signing Managing Member/Manager: P.A. Allee / M.I. MEEKER