

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 DEC 27 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 610000 114870

1. Limited Liability Company's Name
 Its Ur Wallet LLC

2. Principal Office Address - No P.O. Box # 3535 S.E. Maricamp Rd.		3. Mailing Office Address	
Suite, Apt. #, etc. 500-12		Suite, Apt. #, etc.	
City & State ocala , Fl		City & State	
Zip 34471	Country US	Zip	Country

REINSTATEMENT

4. State/Country of Formation	<u>2012</u>
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Richard A. Kinkead

Street Address (P.O. Box Number is Not Acceptable)
1017 Hickory Rd

Suite, Apt. #, Etc.

City
ocala

State
FL

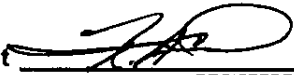
Zip Code
34472

Email Address:
100243082711
12/27/12--01016--014 **238.75

iuwconsulting@gmail.com

(To be used for future annual report notices)

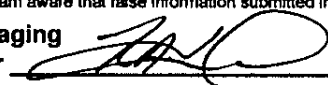
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date 12/26/12

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
	Richard A. Kinkead	1017 Hickory Rd.	Ocala, Fl 34472

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. 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 Managing Member/Manager  Date 12/26/12 Daytime Phone # 352-426-0705

Typed or printed name of signing Managing Member/Manager Richard A. Kinkead