PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

17 OCT 18 PM 4:08

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L11000110084

1. Limited Liability Company's Name
WE DESERVE BETTER, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
60 EDGEWATER DRIVE		60 EDGEWATER DRIVE	
Suite, Apt. #, etc.: UNIT TSK		Suite, Apt. #, etc.: UNIT TSK	
City & State: CORAL GABLES, FL		City & State: CORAL GABLES, FL	
Zip: 33133	Country: USA	Zip: 33133	Country: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 09/20/2011
6. FEI Number: 45-3514156 ☐ 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: C T CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
Suite, Apt. #, Etc.:
City: PLANTATION State: FL Zip Code: 33324

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: Chris Rickard - Asst. Secretary Date: 10/18/17
REGISTERED AGENT MUST SIGN

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
MGRM	LEIGHT, NATHAN	60 EDGEWATER DRIVE, UNIT TSK	CORAL GABLES, FL 33133

REINSTATEMENT 2017

11. E-mail Address
(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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Date: 10/12/2017 Daytime Phone #: 305-230-4003

Typed or printed name of signing Authorized Representative/Manager: Nathan Leight

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
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Account Number : FCA000000023
Phone : (512)418-6949
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LIMITED LIABILITY REINSTATEMENT
WE DESERVE BETTER, LLC

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