SECRETARY OF STATE
DIVISION OF CORPORATIONS

2020 JAN 24 PM 12:07

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000159834

1. Limited Liability Company's Name
122812, LLC

200339751762
01/24/20--01025--001 **35.00

200339751762
01/24/20--01010--007 **238.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
21391 Harborside Blvd	21391 Harborside Blvd
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Port Charlotte, FL	City & State: Port Charlotte, FL
Zip: 33952 Country: USA	Zip: 33952 Country: USA

4. State/Country of Formation: Charlotte County, Florida

5. Date Organized or Qualified To Do Business in Florida: 12/24/2012

6. FEI Number: N/A — ☐ 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: Mark V. Silverio

Street Address (P.O. Box Number is Not Acceptable) Suite,: 255 8th Street South

Apt. #, Etc:

City: Naples State: FL Zip Code: 34102

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: _____ REGISTERED AGENT MUST SIGN Date: 1/20/20

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Duncan SCARRY	21391 Harborside Blvd.	Port Charlotte, FL 33952

REINSTATEMENT

JAN 24 2020

R. HUNT

11. E-mail Address: Msilverio@silveriohall.com
(To be used for future annual report notification)

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 605.0112, 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: _____ Date: 1/17/20 Daytime Phone #: _____

Typed or printed name of signing authorized representative/member: _____