

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 JAN 26 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L14000086025**

1. Limited Liability Company's Name

FROG VAPOR LLC

2. Principal Office Address - No P.O. Box #

8983 Park Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

8983 Park Blvd.

Suite, Apt. #, etc.

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

5/29/2014

City & State

Seminole, FL

Zip

33777

Country

USA

City & State

Seminole, FL

Zip

33777

Country

USA

6. FEI Number

47-0984134

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

CHRISTOPHER BROWN

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

8983 Park Blvd.

Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33777

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01/26/16--01011--011 **238.75

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

Date **1/19/2016**

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
MNER	CHRISTOPHER BROWN	8983 Park Blvd	SEMINOLE, FL 33777
REINSTATEMENT			
JAN 26 2016			
R. HUNT			

11. E-mail Address: **memo.solutions@yahoo.com**

(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 requirement 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 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 **1/19/2016**

Daytime Phone # **727-504-3537**