PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

COMPANY	DA DEPARTMENT OF STATE Secretary of State Vision of corporations	200 m (1 m (1 m)
DOCUMENT # £ 15000707	32	
Every Strand, LLC		©©©362876866 03/29/2101003005 ₩932.30
Principal Office Address - No P.O. Box # 3. Masling.	Office Address	CR2E041 (1/14)
2760 Someset Dr 103 Ives Davy ld		4. State/Country of Formation
Suite, Apr. #, etc. Suite, Apr. #, etc. Suite, Apr. #, etc.		5. Date Organized or Qualified
Ity & State City & State		To Do Business in Florida 4-18-2015
anderdale Lakes, FL Miami +L		6. FEI-Number Applied For Not Applied be
33311 Broward 33	179 LUSA	7. CERTIFICATE OF STATUS DESIRED E. SS.00 Additional Fee required for a certificate of status
Name and Address of Current Registered Agent Name		
Franc Cross		10.00
Street Address (P.O. Box Number is Not Acceptable) Suite Art 1031 JUCS Dairy Rucket Apt. 8_Etc.		2021 HAR SECRETA
City 1 am. State Zip Code FL 33179		TARY AHAS
9. I, being appointed the registered agent of the above named lipited liability company, an familiar with and accept the obligations of Chapter 605, F.S.		
Signature of Registered Agent Registered Agent Must sign		Date 13 10 202
10 Names and Street Addresses of Authorized Representatives/Managers		
Titles Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative Manager	re/ City / State / Zip
MOR Ingrid Cross	2760 Someset	Drive Laudriddelakis, FZ 3331
	5010	- 9091
		APR 0 7 2021
		D.CUSHING
11. E-mail Address Every Strand of hair @ outlook. Com (Toba used for house 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 filling 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 cath, I am aware that take 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		
Typed or printed name of signing authorized representative/mather Alice (SS)		