

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 MAY 14 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FL

200366365102
05/14/21--01016--018 **576.25

CR2E0-1 (1/14)

DOCUMENT # LI8000306749

1. Limited Liability Company's Name

24K LLC

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

5320 NW 21st Court

Suite, Apt. #, etc

City & State

Lauderhill FL 33313

Zip Country

33313 USA

3. Mailing Office Address

5320 NW 21st Court

Suite, Apt. #, etc

City & State

Lauderhill FL 33313

Zip Country

33313 US

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

8.29.2008

6. FEI Number

86-3774476

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

24K LLC

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

5320 NW 21st Court

Apt. #, Etc.

City

Lauderhill

State

FL

Zip Code

33313

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5.12.21

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
<u>MEM</u>	<u>Jordan L Harris</u>	<u>5320 NW 21st Court</u>	<u>Lauderhill FL 33313</u>
<u>AR</u>	<u>Keshia Jackson</u>	<u>1178 Liberty Hall Drive</u>	<u>Kissimmee FL 34746</u>

2019-2021

11. E-mail Address: JordanHarris305@gmail.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

[Signature]

Date

5.12.21

Daytime Phone #

9548129286