

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED

JUL 21 2020

DOCUMENT #

1. Limited Liability Company's Name

P 99000039501

600340940906
07/24/20--01030--002 **1800.00

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

1440 Coral Ridge dr

3. Mailing Office Address

1440 Coral Ridge drive

Suite, Apt. #, etc.

Suite 426

Suite, Apt. #, etc.

Suite 426

City & State

Coral Springs, Florida

City & State

Coral Springs, FL

Zip

33071

Country

USA

Zip

33071

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Shauna Kay Fullerton

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

1440 Coral Ridge drive

Apt. #, Etc.

Suite 426

City

Coral Springs

State

FL

Zip Code

33071

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

07/12/2020

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
CEO	Massey, Robert	1440 Coral Ridge drive suite 426	Coral Springs, FL 33071
COO	Fullerton, Shauna Kay	" "	" "
T	Fullerton, M.L. Fortune.	" "	" "

11. E-mail Address:

Fortune Fullerton @ gmail.com

Fortune Fullerton @ 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

Date

7/12/2020

Daytime Phone #

954 290 0555

Typed or printed name of signing authorized representative/member

Shauna Kay Fullerton