PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 DEC 11 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100112952181
12/07/07--01054--016 **350.00

CR2E041 (1/07)

DOCUMENT # L00000011980

1. Limited Liability Company's Name

LETS POINT LLC

2. Principal Office Address - No P.O. Box #: 4581 13th Street
Suite, Apt. #, etc.:
City & State: St Cloud, Florida
Zip: 34769 Country: USA

3. Mailing Office Address: 4581 13th St.
Suite, Apt. #, etc.:
City & State: Florida, St Cloud
Zip: 34769 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/03/2000

6. FEI Number: 65-1045443 ☐ 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: MARIANO GONZALEZ SOLIS
Street Address (P.O. Box Number is Not Acceptable): 4581 13th Street
Suite, Apt. #, Etc.:
City: St. Cloud State: FL Zip Code: 34769

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Mariano Gonzalez-Solis Date: 12/5/2007
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MARIANO GONZALEZ SOLIS	4581 13th Street	St. Cloud, FL 34769
	REINSTATEMENT		
	2003-2007		
	DB		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that w[illegible] filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and [illegible] 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 ef[illegible] as if made under oath.

Signature of Managing Member/Manager: Mariano Gonzalez-Solis Date: 12/5/2007 Daytime Phone #: 321-297-2322

Typed or printed name of signing Managing Member/Manager: MARIANO GONZALEZ SOLIS