PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 FEB 23 PM 1:48
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

500024254995
03/03/04--01026--021 **50.00
500024254995
10/29/03--01062--004 **150.00

DOCUMENT # L00000014918

1. Limited Liability Company's Name

MIRABELLA, LLC

2. Principal Office Address	3. Mailing Office Address
6402 LONGOAK CT	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND FL	City & State
Zip: 33811 / Country	Zip / Country

4. State/Country of Formation: FL / USA

5. Date Organized or Qualified To Do Business in Florida: 10/31/2003

6. FEI Number: 14776793 1 — ☐ 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: SHARON LYNCH

Street Address (P.O. Box Number is Not Acceptable): 10236 FISHER AVE

Suite, Apt. #, Etc.:

City: TAMPA | State: FL | Zip Code: 33619

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: Sharon Lynch — Date: 1/5/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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.	KIMBELY CHANCEY	6402 LONGOAK CT	LAKELAND FL 33811

REINSTATEMENT 2003 2004

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 when 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 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.

Signature of Managing Member/Manager: Kimberly Chancey — Date: 10/27/03 — Daytime Phone #: 863.644.8199

Typed or printed name of signing Managing Member/Manager: