

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG -2 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015181

1. Limited Liability Company's Name

Oneone,

600006905566--7
-08/06/02--01003--026
****150.00 ****150.00

2. Principal Office Address

1235 S. Myrtle Ave

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33756

Country

USA

3. Mailing Office Address

P.O. Box 36

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33757

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

JAN, 2001

6. FEI Number

59 3685832

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

~~MATTHEW MAR~~ MATTHEW MAR ~~good~~ Michael Reyes

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

1235 S. Myrtle Ave.

Suite, Apt. #, Etc.

City

Clearwater, FL

State

FL

Zip Code

33756

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

REGISTERED AGENT MUST SIGN

Date

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	Michael Reyes	290 EAST DUNCAN LOOP - #204	DUNEDIN, FL 34698

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

Date

10/26/01

Daytime Phone #

727-784-3988

Typed or printed name of signing Managing Member/Manager

Michael Reyes

CR2E041 (9/01)

OneCNC!
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PO Box 36 • Clearwater, Florida 33757

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Friday, October 26, 2001

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

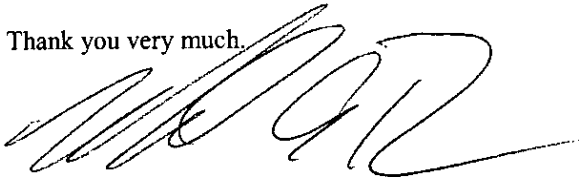
Subject OneCNC, LLC
Document Number: L00000015181

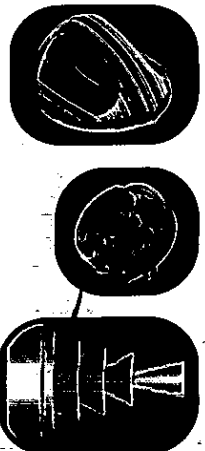
Previous notifications have not been received by our office due to an address change although we have received mail from our other vendors and agents.

Enclosed please find a check in the amount of \$50.00.

I was informed that the \$100 fee would be waived due to this.

Thank you very much.


Michael Reyes
OneCNC, LLC
727-727-3988



Seeing is Believing!