LIMITED LIAB COMPAN REINSTATEM	Y (	· ·	MENT OF TATE  y of State  ORPORATIONS		THIS FORM.	
DOCUMENT # LCCCOCOO(6/14)  1. Limited Liability Company's Name				SECR	OV 25 AN 9:40 ETARY OF STATE HASSEE, FLORIDA	
	(ALL CAPS)					
2. Principal Office Address 724 Riviera ISLE PO Box ZZZ48  Suite, Apt. #, etc.  Suite, Apt. #, etc.				4. State/Country of F	A, USA	
City & State Fort LAU	barbale, FL	City & State F+. LANGE	ZDALE, FL	To Do Business in		Applied For  Not Applicable
33301	USA	33335	Country	7. CERTIFICATE OF STA	TUS DESIRED S5.00 Addit	onal Feelrequired ificate of Status
Street Address (P.O. Box Number is Not Acceptable)  724 Riviera (Sle  Suite, Apt. #, Etc.  City  Fort   AMBCRDALC  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  AEGISTERED AGENT MUST SIGN  10. Names and Street Addresses of Managing Members/Managers						
Titles Name of Street Address of Eac Managing Members/Managers Managing Member/Mana					City / State / Zip	
MGarn ). T	Denny Tur	Ner 724	Riviera 1	800008	3389488- 6702-01014-00 200.00	
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filing this reinstatem all fees owed by the as if made under of Signature of Managing Member/Mana	ent application the reason for limited liability company have ath.	dissolution has been eliming been paid. The information	ated, the limited liability or indicated on this applicat	mpany name satisfies the re- ion is true and accurate, and	chapter 608, F.S. I further cer quirements of section 608.406, my signature shall have the sa Phone #	F.S., and that me legal effect