PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 DEC 22 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/22/04--01024--007 **200.00

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1. Limited Liability Company's Name
ALCHEMY INTERNATIONAL, LLC

2. Principal Office Address	3. Mailing Office Address
5053 SE. ABSHIER BLVD.	SAME AS #2
Suite, Apt. #, etc.: PMB 211	Suite, Apt. #, etc.:
City & State: BELLEVIEW FL	City & State:
Zip: 34420 Country: USA MARION Co	Zip: Country:

4. State/Country of Formation: FLORIDA USA
5. Date Organized or Qualified To Do Business in Florida:
6. FEI Number: 59-3684082 ☐ 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: TRUDY WRIGHT
Street Address (P.O. Box Number is Not Acceptable): 5053 SE ABSHIER BLVD ~~PMB 211~~
Suite, Apt. #, Etc.: PMB 211
City: BELLEVIEW State: FL Zip Code: 34420

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: J. Wright (REGISTERED AGENT MUST SIGN) Date: 12/21/04

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
GEN. MGR	TRUDY WRIGHT	5053 SE ABSHIER BLVD. #211	BELLEVIEW FL 34420
		REINSTATEMENT	03-04

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: J. Wright Date: 12/21/04 Daytime Phone #: 352-216-5796

Typed or printed name of signing Managing Member/Manager: