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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 JUL -6 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003074

1. Limited Liability Company's Name
Licorice, L.L.C.

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
3601 Sugarloaf Lane	3601 Sugarloaf Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Valrico, FL	City & State: Valrico, FL
Zip: 33594 Country: USA	Zip: 33594 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 2/28/2001

6. FEI Number: 059370392 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Vincent A. Marchetti

Street Address (P.O. Box Number is Not Acceptable): 3601 Sugarloaf Lane

Suite, Apt. #, Etc.

City: Valrico State: FL Zip Code: 33594

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: [signature] Date: 7/6/06

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
MGRM	Vincent A. Marchetti	3601 Sugarloaf Lane	Valrico, FL 33594
		REINSTATED	03-06

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: [signature] Date: 7/6/06 Daytime Phone #: 813-817-2979

Typed or printed name of signing Managing Member/Manager: Vincent A. Marchetti

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LIMITED LIABILITY REINSTATEMENT

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