

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2021 MAY -7 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FL

200363247032
04/01/21--01013--016 **263.75
200363247032
05/12/21--01008--006 **277.50

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000007018
1. Limited Liability Company's Name
Anderson Holdings, LLC

2. Principal Office Address - No P.O. Box # 63 W Underwood St Suite, Apt. #, etc.		3. Mailing Office Address 63 W Underwood St Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32806	Country USA	Zip 32806	Country USA

4. State/Country of Formation
FL USA

5. Date Organized or Qualified To Do Business In Florida 5/4/2201

6. FEI Number 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
David Yergey

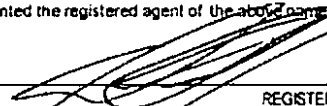
Street Address (P.O. Box Number is Not Acceptable) Suite,
211 N Magnolia Ave

Apt. #, Etc.

City State Zip Code
Orlando FL 32806

~~900366146949~~
05/12/21--01008--006 **277.50

9 I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  Date 3-17-2021

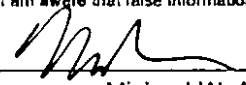
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Mr.	Michael W. Anderson	63 W Underwood St	Orlando, FL 32806
			19-21
			MAY 10 2021
			D CUSHING

11. E-mail Address brendan@andersonallergy.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member  Date 3/16/21 Daytime Phone # 407-872-1110

Typed or printed name of signing authorized representative/member Michael W. Anderson