PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 17 AM 10:07

DOCUMENT # L02000006681

1. Limited Liability Company's Name
Speros Moody Ventures I LLC

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
1939 Tyler St.		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
—			
City & State		City & State	
Hollywood FL			
Zip	Country	Zip	Country
33020	USA		

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
3/6/2002

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
THOMAS W Moody

Street Address (P.O. Box Number is Not Acceptable)
1939 Tyler St

Suite, Apt. #, Etc.
—

City	State	Zip Code
Hollywood	FL	33020

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 _____ Date 3/15/06
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
MM	THOMAS W. Moody	1939 Tyler ST	Hollywood, FL 33020
MM	JOHN T SPEROS	2039 OLD FORGE WAY	MARIETTA, GA 30068
		700069534297	
		04/05/06--01032--004 **305.00	
		REINSTATEMENT 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 _____ Date 3/15/06 Daytime Phone # 954-600-7617

Typed or printed name of signing Managing Member/Manager _____