

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV 12 PM 2:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (10/08)

DOCUMENT # L02000012798

1. Limited Liability Company's Name

Efficacy Products, LLC

2. Principal Office Address - No P.O. Box #

5140 main St.

Suite, Apt. #, etc.

1b

City & State

New Port Richey, FL

Zip

34652

Country

USA

3. Mailing Office Address

5140 main St.

Suite, Apt. #, etc.

1b

City & State

New Port Richey, FL

Zip

34652

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

may 24 2002

6. FEI Number

05-0602114

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

Diadra Hiser

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

3934 Pascoy Ct.

Suite, Apt. #, Etc.

City

Holiday

State

FL

Zip Code

34691

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Diadra Hiser

Date 11.7.08

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
MGR	Diadra Hiser	3934 Pascoy Ct #101	Holiday FL 34691

REINSTATEMENT

107.08

5000137836368

11/12/08-01004-017 **227.50

2177.50

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

Diadra Hiser

Date 11.7.08

Daytime Phone# 727.845.4944

Typed or printed name of signing Managing Member/Manager