

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DIVISION OF CORPORATIONS OF FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 22 AM 8:23

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CR2E041 (8/05)

DOCUMENT # L02 000014772

1. Limited Liability Company's Name

WE ARE LOVED Agency LLC
4850 NW 60TH TERR
Ocala, FL 34482

2. Principal Office Address

4850 NW 60TH TERR

Suite, Apt. #, etc.

3. Mailing Office Address

4850 NW 60TH TERR

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34482

Country

USA

City & State

Ocala, FL

Zip

34482

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

6-13-2002

6. FEI Number

020616272

☒ 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

Chiqueta Vereen

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

4850 NW 60TH TERR

Suite, Apt. #, Etc.

Ocala, FL

City

Ocala, FL

State

FL

Zip Code

34482

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

Chiqueta Vereen

REGISTERED AGENT MUST SIGN

Date

10/7/05

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	Chiqueta Vereen	4850 NW 60TH TERR	Ocala, FL 34482

REINSTATEMENT 03-05

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

Chiqueta Vereen

Date

10/7/05

Daytime Phone #

352)732-2598

Typed or printed name of signing Managing Member/Manager

Chiqueta Vereen