2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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1. Entity Nam	MENT # L0200002 NTERPRISE LLC	6111		SECRETAR DIVISION OF	ILED RY OF STATE CORPORATIONS	
			N. ITS	05 AUG 19	AM 9: 11	
Principal Plac	e of Business	Mailing Address			2 11	
1056 SUMMERWOOD CIRCLE WELLINGTON, FL 33414		1056 SUMMERWOOD CIRCLE WELLINGTON, FL 33414		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt.	#. etc.	Suite, Apt. #. &.		<i>y</i> (
City & Stat	e	City & State		22-3884117		piica i oi t Applicable
Zip	Country	Zip	Country	5. Certificate of Status D	\$5.00 Au	itional
1900 DEVA	1056 000 103020 04 103020 04 1033341	P	CR :		FL Zip Code	
9 The above	561	204-4300	to registered office as social		,	
the oppos	named entity submits this statement	for the purpose of changing i	is registered office or regis	stored agent, or both, in the or		and dooopt
the object	nighs of refliatered attent. Signature, tylegior printed name of registered age	int and title if applicable. (No	OTE: Registered Agent signature re	quired when reinstating) the limited	UST /S. 2005	
the object	nghs at refusiere ficient.	int and title if applicable. (No	DTE: Registered Agent signature re	quired when reinstating) the limited	UST 15. 2005	
the object	Signature: Street Ament. Signature: typeyor printed name of registered age NOWILL FEE IS \$100.00 MANAGING MEMI	int and title if applicable. (No	OTE: Registered Agent signature re	quired when reinstating) the limited notice.	UST /S. 2005	
FILE	Signature. Types of profiled name of registered age	In accordance with liability company d	ote: Registered Agent algorithme re in s. 607.193(2)(b), F.S., lid not receive the prior	quired when reinstating) the limited notice.	Make check payable to Florida Department of State	
FILE 9. TITLE NAME STREET ADDRESS	Signature:	In accordance with liability company d	n s. 607.193(2)(b), F.S., id not receive the prior	quired when reinstating) the limited notice. ADD	Make check payable to Florida Department of State	☐ Addition☐ Addition☐
FILE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature:	In accordance with liability company d	DTE: Registered Agent algnature re in s. 607.193(2)(b), F.S., iid not receive the prior 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	quired when reinstating) the limited notice. ADD	Make check payable to Florida Department of State OTTIONS/CHANGES Change	Addition Addition
FILE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME	Signature:	In accordance with liability company d	DTE: Registered Agent algnature re n. s. 607.193(2)(b), F.S., id not receive the prior 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	quired when reinstating) the limited notice. ADD	Make check payable to Florida Department of State Office Change Change Change Change Change	Addition Addition
FILE 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature:	In accordance with liability company disease. Delete Delete	DTE: Registered Agent algnature re n. s. 607.193(2)(b), F.S., id not receive the prior 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	the limited notice. ADD (S) (1) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Make check payable to Florida Department of State Office Change Change Change Change Change	☐ Addition☐ Addition☐