2005 LIMITED LIABILITY COMPANY
REINSTATEMENT

DOCUMENT # L03000012087

1. Entity Name
SOUL FLOWER LLC

Principal Place of Business	Mailing Address
82205 OVERSEAS HWY ISLAMORADA, FL 33036 US	82205 OVERSEAS HWY ISLAMORADA, FL 33036 US

2. Principal Place of Business	3. Mailing Address	
82205 Overseas Hwy		03042005 REIN-LLC CR2E101 (6/04)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

2. Principal Place of Business **82205 Overseas Hwy**

Suite, Apt. #, etc.

City & State **Islamorada, FL**

Zip **33070**   Country **Monroe**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip   Country

03042005   REIN-LLC   CR2E101 (6/04)

4. FEI Number **56-2450697**   ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PRINCE, DANIELLE I
82205 OVERSEAS HWY
ISLAMORADA, FL 33036

7. Name and Address of New Registered Agent

Name **Same as before / correct**

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

City   FL   Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida., I am familiar with, and accept the obligations of registered agent.

SIGNATURE X **Danielle Prince**

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

3-8-05
DATE

FILE NOW!!! FEE IS $200.00

**Make check payable to
Florida Department of State**

9.	MANAGING MEMBERS / MANAGERS		**10.**	ADDITIONS / CHANGES		
TITLE **MANAGER** NAME **DANIELLE PRINCE** STREET ADDRESS **108 Seashore Dr.** CITY-ST-ZIP **ISLAMORADA, FL 33036**		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 04-05	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100048400201 03/15/05--01012--003 **205.00	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X **Danielle Prince**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-08-05   Date

305-664-328   Daytime Phone #