

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # LD3000335212

1. Limited Liability Company's Name

Lead Factory, LLC

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

2170 West State Rd. 434

Suite, Apt. #, etc.

Suite 360

City & State

Longwood

Zip

32779

Country

USA

3. Mailing Office Address

5153 S.W. 79th Terrace

Suite, Apt. #, etc.

Suite 360

City & State

Gainesville, Florida

Zip

32608

Country

USA

CR2E041 (12/07)

04/14/08 01050 010 \$282.50

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 9-17-03

6. FEI Number

203844703

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4-28-08

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	Janeth Morales	11720 Peachstone Lane	Orlando, Florida 32821

FF \$416.25
Fees 5.00

REINSTATEMENT

6/20/08 06-08

[Signature]

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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

[Signature]

Date

4-28-08

Daytime Phone #

321-251-7094

Typed or printed name of signing Managing Member/Manager

Janeth Morales