PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 AUG 24 PM 12:37

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DOCUMENT # L03000045989

1 Limited Liability Company's Name
Troy Building LLC

2. Principal Office Address - No P O Box #	3 Mailing Office Address
312 S Lakeview Dr	312 S Lakeview Dr
Suite Apt #, etc	Suite Apt # etc
City & State: Lake Helen FL	City & State: Lake Helen FL
Zip: 32744 Country: USA	Zip: 32744 Country: USA

CR2E041 (1/14)

4 State/Country of Formation: Florida/USA

5 Date Organized or Qualified To Do Business in Florida: 11/19/03

6 FEI Number: 200411217 ☐ 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: Kayla Troy

Street Address (P O Box Number is Not Acceptable) Suite,: 421 Roseville Lane

Apt #, Etc:

City: Lake Helen | State: FL | Zip Code: 32744

9. I, being appointed the DocuSigned by: of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F S

Signature of Registered Agent: Signature of Registered Agent Kayla Troy IT SIGN

Date: 8/24/18

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Kayla Troy	421 Roseville Lane	Lake Helen FL 32744

REINSTATEMENT
2017 - 2018
AUG 24 2018

11 E-mail Address: ktroy386@gmail.com
(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605 0012, 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 unc in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of authorized representative/member: Kayla Troy presentative/member 8/24/18 Daytime Phone # 386-216-2837

Typed or printed name of signing authorized rep member

AUG 23 2018