PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # L 0300005668 1. Limited Labidity Company's Name LANIVY 22 LVC 2. Principal Office Address 6447 WOULD LAND LV Sulte, Apt 8, etc. Sulte, Apt 8, etc.	LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS 06 DEC 29 AM 8: 31	
2. Principal Office Address 6441 WOULD ALLAND LN Sulfe. Apt. 8, etc. Su	1. Limited Liability Company's Name			
8. Name and Address of Current Registered Agent Name ARLY N L PART RIGGE Street Address (P.O. Box Number is Not Acceptable) 6.441 CV O S L HWY L HWY Suite. Apt. 8. Etc. City Signature of Registered Agent Algistrace Date Managing Member/Managers Titles Managing Member/Managers Titles Managing Member/Managers Titles Managing Member/Managers Titles Managing Member/Managers ARLY NY PART RIGGE Street Address of Each Managing Member/Managers Titles Managing Member/Managers Titles Managing Member/Managers Titles Managing Member/Managers Titles Managing Member/Managers ARLY NY PART RIGGE ST	Suite, Apt. #, etc. City & State New Port Richary L Zip Country	PUBOY 657 Suite, Apt. #, etc. City & State ELFLAS' FL Zip Country	4. State/Country of Formation FL PSCO 5. Date Organized or Qualified To Do Business in Florida Out 18 0 3 6. FEI Number Applied For 37-1486479 Not Applicable	
Street Address (P.O. Box Number is Not Acceptable). GHU W & JUHNA LANK Suite, Apt. #, Etc. City NOW PORT MICHEL Signature of Registered Agent Augustreed	3 4653 8HSC0 3 4680 8HSC0 CERTIFICATE OF STATUS DESIRED So. W Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and eccept the obligations of Chapter 608, F.S. Signature of Registered Agent Ageistered Agent Ageistered Agent Ageistered Agent Name of Managing Members/Managers Name of Managing Members/Manager Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Manager Name of Managing Members/M	Suite, Apt. #, Etc. City State Zin Code			
Titles Nanaging Members/Managers Street Address of Each Managing Members/Manager City / State / Zip MCRN ANNY PARTRICKT 5-73 Thacy N CWOCA NY 14809 MCRN ANNY PARTRICKT 6441 CV0 of CANT NY 14809 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 all lees over do 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 I made under call. Signature of Managing Member/Manager Anny Annager Annaging Member/Manager Annaging Member/Manager Annaging Member/Manager Date 12/24/16 Daytime Phone # 737 992 1999	Signature of Registered Agent			
Managing Member/Manager Managing	10. Names and Street Addresses of Managing Mem	nbers/Managers		
MCRI ARLYN N PART BILLE 6441 CVO of CANT AN NEW PIPT BICKLE, FT 3465 3110082815758 12/29/06-01018006 **200.00 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 Date 12/34/16 Daytime Phone # 7.37 997 1999				
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Typed or printed name of signing Managing Member/Manager ARUGIV L PARTBILLE				