FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 NOV 20 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L04000043962

1. Limited Liability Company's Name
The Perfect Fit Company, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
625 NE 1st Ave.	P.O. box 61214
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Cape Coral, FL	Ft. Myers FL
City & State	City & State
Zip: 33909 Country: USA	Zip: 33906 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 6/11/04

6. FEI Number: 80-0112138 ☐ 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: William Krodel
Street Address (P.O. Box Number is Not Acceptable): 4437 Central Ave.
Suite, Apt. #, Etc.:
City: St. Petersburg State: FL Zip Code: 33713

☒ 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: W H Krodel ESQ Date: 11/15/07
REGISTERED AGENT MUST SIGN

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.	Shawn Brown	3818 Rogers St.	Ft. Myers, FL 33901

REINSTATEMENT 100112440455
11/20/07--01010--001 **100.00
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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 608.408, 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: Shawn B Date: 11/15/07 Daytime Phone #: 239-277-3978

Typed or printed name of signing Managing Member/Manager