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L04000048526

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000048526

1. Limited Liability Company's Name

ORCHARD, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1200 Hibiscus Ave.		1200 Hibiscus Ave.	
Suite Apt. #, etc.		Suite Apt. #, etc.	
Unit #PH2		Unit #PH2	
City & State		City & State	
Pompano Beach, FL		Pompano Beach, FL	
Zip	Country	Zip	Country
33062	US	33062	US

CR2E041 (1/14)

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 06/28/2004

6. FEI Number: 20-1311529 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a certificate of status

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8. Name and Address of Current Registered Agent

Name: Eric P. Stein, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1820 NE 163 Street

Apt. # Etc.: Suite 100

City: North Miami Beach | State: FL | Zip Code: 33162

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

Signature of Registered Agent: [signature] Date: 05/05/2021

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Cristina Fernandez	1200 Hibiscus Ave. #PH2	Pompano Beach, FL 33062

JUN 25 2021

11. E-mail Address: docservice@epslaw.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 under oath; I am aware that any false information submitted 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: Cristina Fernandez 5/6/2021 Date: 1A430F820A43410... Daytime Phone #: 786-248-1000

Typed or printed name of signing authorized representative/member: Cristina Fernandez