PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 SEP 24 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000085978

1. Limited Liability Company's Name
New Vision Management Services LLC.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2704 W. Oakland Park	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oakland Park, FL	City & State
Zip: 33311 Country: USA	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/30/2004

6. FEI Number: 26-3343573 ☒ 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: Sherly Gayle
Street Address (P.O. Box Number is Not Acceptable): 2704 W. Oakland Park BLVD
Suite, Apt. #, Etc.:
City: Oakland Park State: FL Zip Code: 33311

☒ 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: Sherly Gayle (REGISTERED AGENT MUST SIGN) Date: 9/11/08

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
MGRM	Sherly Gayle	2704 W. Oakland Park	Oakland Park, FL 33311
			100135874560 09/16/08--01003--005 **27.50
	REINSTATEMENT 05-08		327.50
			10/01/08--01022--012 **327.50
			100136520281 10/01/08--01022--012 **327.50

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: x Sherly Gayle Date: 9/11/08 Daytime Phone #: 917-304-0715

Typed or printed name of signing Managing Member/Manager: