

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L04000088935

1. Limited Liability Company's Name

Federation Models LLC

2. Principal Office Address - No P.O. Box #

554 Cacti Ct.

Suite, Apt. #, etc.

City & State

Palm Bay FL

Zip

32907

Country

USA

3. Mailing Office Address

po box 110796

Suite, Apt. #, etc.

City & State

Palm Bay FL

Zip

32911-0796

Country

USA

8. Name and Address of Current Registered Agent

Name

TRACY C BROWNFIELD

Street Address (P.O. Box Number is Not Acceptable) Suite,

554 Cacti Ct.

Apt. #, Etc.

City

Palm Bay

State

FL

Zip Code

32907

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

*Tracy C Brownfield*  
REGISTERED AGENT MUST SIGN

Date

*5/9/17*

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
Mgr	Tracy Brownfield	554 Cacti Ct.	Palm Bay, FL 32907

MAY 15 2017

C. CARROTHERS

11. E-mail Address: pl@federationmodels.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 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

*Tracy Brownfield* *5/9/17*

Daytime Phone #

321-557-0421

Typed or printed name of signing authorized representative/member

Tracy Brownfield