PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 APR 21 AM 8:31

DOCUMENT # L04000091627

CR2E041 (10/08)

1. Limited Liability Company's Name

Lionel Fox L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
807 E. Hanna Ave.	807 E. Hanna Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa Fl	City & State: Tampa Fl
Zip: 33604 County: Hills.	Zip: 33604 Country: Hills.

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 12/20/04

6. FEI Number: ☐ 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: Peter R. Hevia Jr.

Street Address (P.O. Box Number is Not Acceptable): 17720 Crystal Cove Pl.

Suite, Apt. #, Etc.:

City: Lutz State: FL Zip Code: 33548-7945

☑ 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: Peter R. Hevia Date: 5/7/09
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
MGRM	Lionel Fox	807 E Hanna Ave	Tampa Fl 33604
		800151448118	
	REINSTATEMENT	04/21/09 01010 015	$555.00
	06-09	5/8/09	

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: Lionel Fox Date: 5/7/09 Daytime Phone #: 813-239-2907

Typed or printed name of signing Managing Member/Manager: