PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2020 FEB 13 PM 12:07

CR2EC41 (1/14)

DOCUMENT # L05000058029

1. Limited Liability Company's Name
OCALA LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5793A NW 151 Street	5793A NW 151 Street
Suite, Apt. # etc.	Suite Apt. #, etc.
City & State: Miami Lakes FL	City & State: Miami Lakes, FL
Zip: 33014 / Country: USA	Zip: 33014 / Country: USA

4. State/Country of Formation: FL USA

5. Date Organized or Qualified To Do Business in Florida: 6-10-2005

6. FEI Number: 20-3561634 ☐ 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: Lynda V. Harris

Street Address (P.O. Box Number is Not Acceptable) Suite,
5793A NW 151 Street

Apt. # Etc.

City: Miami Lakes | State: FL | Zip Code: 33014

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: Lynda V. Harris — Date: 12-6-2019
REGISTERED AGENT MUST SIGN

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	Lynda V. Harris	5793A NW 151 Street	Miami Lakes, FL 33014
Mgr	Robert Henderson, Jr.	5793A NW 151 Street	Miami Lakes, FL 33014
			FEB 13 2020
	REINSTATEMENT		R. HUNT

11. E-mail Address: LH1607@aol.com
(Note 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: Lynda V. Harris — Date: 12-6-19 — Daytime Phone #: 954-559-9816

Lynda V. Harris