

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -9 AM 10:01

DOCUMENT # L05000066222

**1. Limited Liability Company's Name**

International Male LLC

**2. Principal Office Address**

3682 Harden Blvd

Suite, Apt. #, etc.

**City & State**

Lakeland, FL

**Zip**

33803

**Country**

USA

**3. Mailing Office Address**

3682 Harden Blvd

Suite, Apt. #, etc.

**City & State**

Lakeland, FL

**Zip**

33803

**Country**

USA

CR2E041 (8/05)

**4. State/Country of Formation**

FL / USA

**5. Date Organized or Qualified  
To Do Business in Florida**

7/6/05

**6. FEI Number**

43-2085672

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**

Sarah Tran

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

3682 Harden Blvd

**Suite, Apt. #, Etc.**

**City**

Lakeland, FL 33803

**State**

FL

**Zip Code**

33803

**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

[Signature]

REGISTERED AGENT MUST SIGN

Date

**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
<u>MGR</u> P	<u>Sarah Tran</u>	<u>3682 Harden Blvd.</u>	<u>Lakeland, FL 33803</u>
<u>MGR</u> VP	<u>Matthew Hunn</u>	<u>" "</u>	<u>" "</u>

**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

[Signature]

Date

Daytime Phone # (863) 701-7750

Typed or printed name of signing Managing Member/Manager