**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L05000081156

1. Limited Liability Company's Name
Stacey L. Andrews L.L.C.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 3211 S. 7th St.	**3.** Mailing Office Address Same	
Suite, Apt. #, etc. Apt A.	Suite, Apt. #, etc.	**4.** State/Country of Formation United States
City & State Ft. Pierce Florida	City & State	**5.** Date Organized or Qualified To Do Business in Florida 9-24-2005
Zip 34982	Country U.S.	Zip	Country	**6.** FEI Number 20-33249 ☒ 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
Stacey L. Andrews

Street Address (P.O. Box Number is Not Acceptable)
3211 S. 7th St.

Suite, Apt. #, Etc.
Apt. A

City Ft. Pierce	State FL	Zip Code 34982

☒ 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 _Stacey L. Andrews_
REGISTERED AGENT MUST SIGN
Date 4-15-2008

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
		6U01243820U6 04/18/08--01046--021 **416.00	

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 _Stacey L. Andrews_ Date 4-15-08 Daytime Phone # 772 626-1598

Typed or printed name of signing Managing Member/Manager _Stacey L. Andrews_