FILED

15 MAY 14 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000082164

1. Limited Liability Company's Name

Shameless LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4728 serendipity	P.O Box 7066
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin, Fl	City & State: Destin Fl.
Zip: 32541 Country: Okaloosa	Zip: 32540 Country: Okaloosa

4. State/Country of Formation: FL/Okaloosa

5. Date Organized or Qualified To Do Business in Florida: 08/19/2005

6. FEI Number: 260124762 ☐ 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: Daniel P. Smith

Street Address (P.O. Box Number is Not Acceptable): 4728 Serendipity Pointe

Suite, Apt. #, Etc.:

City: Destin State: FL Zip Code: 32541

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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: Daniel P. Smith Date: 0

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
MGRM	Daniel P. Smith	4728 Serendipity Pointe	Destin, FL 32541

REINSTATEMENT 2013-2015

MAY 15 2015

L SELLERS

11. E-mail Address: DANNY P. Smith @ gmail. com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of 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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/ Manager: Daniel P. Smith Date: 05/14/15 Daytime Phone #: 828-734-7822

Typed or printed name of signing Authorized Representative/Manager: