PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM			
COMPANY	DEPARTMENT OF STATE Secretary of State rision of corporations		AN OF COMPOSITION
	LLC Office Address	(P)	CR2E041 (11/09)
157 OAKWOOD LN SA	ME	4. State/Coun	try of Formation
Suite, Apt. #, etc. City & State PALM BEALH GARNENS Zip Country Zip Country Zip Country Zip Country Zip	etc. Country	6. FEI Numbe 20 - 42	A 3 Z Z Not Applicable OF STATUS DESIDED 55.00 Additional Fee required
8. Name and Address of Current Regis		GERTIN TOTALE	tor a Certificate of Status
Name GREGURY T. LETSCHE Street Address (P.O. Box Number is Not Acceptable) 157 OAKWOUD LN Suite, Apt. #, Etc. PALM BEACHGARNENS FL 33410		☐ 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			
10. Names and Street Addresses of Managing Members/Managers .			
Titles Name of Managing Members/Managers	Street Address of Each Managing Member/Manag	ner .	City / State / Zip
MGR GREGORY T. LETSILLE	157 OA/2WOOD	LN	FLONIDA 33410
<u> </u>		50) 05/11/1	0100667745 0-01603-603 **377.50
		05/06/	0 ·01001 · 803 · **377.5U
REINSTATEMENT_2	0102-2010	<9U: 05/98/	0-01001- 003 **377.50
11. E-mail Address: GAEG, LETSLIFE & ERNIEELS, COM			
(To be used for future annual report notifications) 12. It 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 filling 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 Date Daytime Phone #			
Typed or printed name of signing Managing Member/Manager			