PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



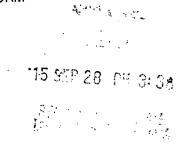
FLORIDA DEPARTMENT OF STATE Secretary of State DIMISION OF CORPORATIONS

DOCUMENT # L0600059965

1. Limited Liability Company's Name

LEASURE'S ENTERPRISES LLC

Signature of authorized representative/member



2. Principal Office Address - No P.O. Box # 450 FAMU WAY Suite, Apt. #, etc.		3. Mailing Office Address 450 FAMU WAY Suite, Apt. #, etc.			CR2E041 (1/14) 4. State/Country of Formation LEON 5. Date Organized or Qualified To Do Business in Florida 06/13/2006								
							City & State		City & State			6. FEI Number Applied For	
							TALLAHASSEE FL		TALLAHASSEE FL			20-502789	Not Applicable
Zip 32310	Country	^{21p} 32310		intry SA	7 CERTIFICATE OF ST	S5.00 Additional Fee required for a certificate of status							
	8. Name and Addr	ess of Current Registered Agent											
Name SAXON ACCOUNTING & CONSULTING INC													
2344 HANS	O. Box Number is Not Acceptable) SEN LANE UNIT 1	Suite,			-								
Apt. #, Etc.					100277513781 09/29/1501001007 **377.50								
City TALLAHAS		State Zip Code 32301		_									
9. I, being app	ointed the registered agent of the	above named limited liability	y company, a	am familiar with and a	ccept the obligations o	of Chapter 605, F.S.							
Signature of Registered Agen	. Konno mo	REGISTERED AGENT MUS	T SIGN			Date 9/28/15							
10. Names and	Street Addresses of Authorized Re	presentatives/Managers											
Titles	Name of Authorized Representatives/ Managers		Α	Street Address of Each Authorized Representative/ Manager		City / State / Zip							
мдмв	TERRY LEASURE			150 FAMU WA	TALLAHASSEE FL 32310								
					V								
11. E- mail Addr	ess		.										
10 0000000000000000000000000000000000	Lam on authorized representati			re annual report notifica		provided for in Chapter 605, F S. I further							
certify that whe 605.0012, F.S., shall have the s	n filing this reinstatement application and that all fees owed by the life.	ation the reason for dissolut nited liability company have	ion has bee been paid.	n eliminated, the lim The information indi	ited liability company cated on this applica	name satisfies the requirement of section tron is true and accurate, and my signature ment of State constitutes a third degree							