PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

15 JUL -2 AM 4:59

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000105763

1. Limited Liability Company's Name
OBTAV EZ, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
7932 West Sand Lake Road		7932 West Sand Lake Road	
Suite, Apt. #, etc Suite 108		Suite, Apt. #, etc Suite 108	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32819	Country US	Zip 32819	Country US

CR2E041 (1/14)

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 10/31/2006

6. FEI Number 20-5811309 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a certificate of status

600274679706

8. Name and Address of Current Registered Agent

Name
Kyle A. Schmutzler

Street Address (P.O. Box Number is Not Acceptable) Suite,
7932 West Sand Lake Road

Apt. #, Etc
Suite 108

City	State	Zip Code
Orlando	FL	32819

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 K.A. Schmutzler Date July 2, 2015
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
MGR	Kurt O'Brien	7932 West Sand Lake Road, Suite 108	Orlando, FL 32819
			JUL 02 2015
	REINSTATEMENT		R. HUNT

11. E-mail Address. kschmutzler@simplyss.com
(To be used for future annual report notifications)

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

Signature of authorized representative/member _____ Date July 2, 2015 Daytime Phone # (407) 583-6558

Typed or printed name of signing authorized representative/member Kurt O'Brien, Manager

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Date: 07/02/2015

Account #: I20000000088

Name: Michelle Walker

Reference #: B067722

ENTITY NAME: OBTAV EZ, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Annual Report
- ☐ Change of Agent
- ☑ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other: _____

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DIVISION OF CORPORATIONS

JUL 02 2015
R. HUNT

Authorized Amount: $311.50

Signature: Michelle Walker

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