PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Managing Members/Manager City / State / Zip MGR KWabena Sabby 13612 Plaffe Creek Takpa, FL 33613 Civcle, #12 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 names astisfies the requirements of section 608.406, F.S. and that all fless 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 Accuracy Acc	COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY Secretary of State DIVISION OF CORPORATIONS						FILED SECRETARY OF STATE DIVISION OF SCREDATIONS 08 DEC 30 AM II: 10			
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B. Name and Address of Current Registered Agent Name			Tampa FL							
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Typed or printed name of signing Managing Member/Manager										