PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2020 JUN 26 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L06000122926

1 Limited Liability Company's Name
IRVINOMICS, LLC

CR2E041 (1/14)

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
3231 Pawleys Loop N.	3231 Pawleys Loop N.
Suite Apt. # etc	Suite Apt. # etc
City & State: St. Cloud FL	City & State: Saint Cloud FL
Zip: 34769 Country: Osceola	Zip: 34769 Country: Osceola

4 State, Country or Formation: Orange

5 Date Organized or Qualified To Do Business in Florida: 12-28-06

6 FEI Number: 02-0794659 ☐ 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: Marc Steven Irvin

Street Address (P.O. Box Number is Not Acceptable) Suite: 3231 Pawleys Loop N.

Apt. # Etc:

City: Saint Cloud State: FL Zip Code: 34769

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: Marc [signature] Date: 06-09-2020

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	Ramona Irvin	3231 Pawleys Loop North	St Cloud FL 34769
MGR	Andrea M. Rollason	1211 Crestview Ct	St Cloud FL 34772
President	Marc S. Irvin	3231 Pawleys Loop N	St. Cloud FL 34769

11 E-mail Address: DobermanzX@aol.com
(To be used for future annual report notifications)

JUN 29 2020
S. YOUNG

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: [signature] Date: 06-09-20 Daytime Phone #: 407-575-0080

Typed or printed name of signing authorized representative/member: