FILED

2023 SEP -6 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FL

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900416085499
09/06/23--01035--002 **2325.00

DOCUMENT # L07000002458

1. Limited Liability Company's Name
M'pire LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
33 Bentwater Circle	33 Bentwater Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boynton Beach, FL	City & State: Boynton Beach, FL
Zip: 33426 Country: USA	Zip: 33426 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: Florida USA

5. Date Organized or Qualified to Do Business in Florida: 01/08/2007

6. FEI Number: 20-828-4099 ☐ 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: Shawn Mims

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 33 Bentwater Circle

City: Boynton Beach State: FL Zip Code: 33426

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: [signature] Date: 9/1/2023

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
Mgrm	Shawn Mims	33 Bentwater Circle	Boynton Beach FL 33426
		Reinstatement 08-23	

11. E-mail Address: _____
(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/manager: [signature] Date: 9/1/2023

Daytime Phone #: 9172569422