LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

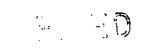
DIVISION OF CORPORATIONS

DOCUMENT#~	7000005	784
------------	---------	-----

1. Limited Liability Company's Name

felony as provided for in s. 817,155, F.S.

Moore Investments, LLC



2019 SEP 11 AM 10: 42

			CD2E044 (434.4)	
Principal Office Address - No P.O. Box #	Mailing Office Address		CR2E041 (1/14)	
2665 AdAmson A	1 2665 Adomsen	104	ntry of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		erida 454 rized or Qualified	
		o, Date Orga To Do Busi	nezed or Qualified ness in Florida FA 2007	
City & State	City & State	6. FEI Numb	_	Applied For
CoCo o P/	Ce Ros, Fl		246461	Not Applicable
Zip Country	Zip Country	· · · · · · · · · · · · · · · · · · ·		itional Fee required ficate of status
32924 USA	32426 45,	CERTIFICATE O	S STATUS DESIRED S \$5.00 Add for a certification	ficate of status
8. Name and Add	ress of Current Registered Agent			
Name	,			
Street Address (P.O. Box Number is Not Acceptable	, A Ŝuita			
1165 SAngria				
Apt. #, Etc.	0,700			
Pockleage,	State FL 3	Zip Code		
9. It being appointed the registered agent of the	e above named limited liability company, am fai	rndiar with and accept the obligation	ns of Chapter 605, F.S	
\circ		, ,		
Signature of Registered Agent	6 done		Date 09/03/	2019
	REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized R	epresentatives/Managers			
Titles Name of Authorized Representa Managers		et Address of Each nzed Representative/ Manager	City / State	/ Zip
Gr JACK MOON	e 2665 Adm	usen nd	Co coa =1.	32926
18r JACK MOOD A Sorah Josey	nh 1165 Son	ria cricle	Rockledge,	c/.324ss=
				· · · · · · · · · · · · · · · · · · ·
			<u> </u>	
11. E-mail Address Joseph - S	Soroh 1949 C SI			
12. I certify that I am an authorized representa	(To be used for future and trye/ manager or the receiver or trustee empo		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

Signature of authorized representative/member Jack Managed representative/member Jack Nonce of Suprime Phone # 321-557-0609