## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

Limited Liability Company's Name	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED 2021 MAY 31 P W 21 SECRETARY OF STATE TALLAH ASSEE, FLORIC
Green Light Finance	dai, ccc	
2. Principal Office Address - No P.O. Box# 546 N State Rd. 7	3. Mailing Office Address 5460 N State Rd. 7	CR2E041 (1/14)
546 N State Rd. 7 Suite, Apt #. etc.	Suite, Apt. *, etc.	4. State/Country of Formation Florida, USA
Suite 110	Suite 110	5. Date Organized or Qualified
City & State	City & State	00/04/5001
North Landerdale, FL	North tanderdale, FL	6. FEI Number Applied For Not Applicable
33319 USA	33319 Country USA	7. CERTIFICATE OF STATUS DESIRED  55.00 Additional Fee required for a certificate of status
	of Current Registered Agent	
Name Hery Alce Street Address (P.O. Box Number is Not Acceptable) Suite, 4527 NW 42 St		700299160567 05/31/1701035007 **277,50:
Apt. #, Etc.	·	700299160567 05/11/1701023014 **263.75
Cauderdule Lakes FL 33319		
9. it, being appointed the registered agant of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.		
Signature of Registered Agent R	REGISTERED AGENT MUST SIGN	Date 05   05   20   7
10. Names and Street Addresses of Authorized Representatives/Managers		
Titles Name of Authorized Representatives/	Street Address of Each Authorized Representati Manager	
Resida KERY Alce	USZ7 NW UZ Sty	
VP NEDLINE MESA	DIEU 4527 NW 42 St. 6A	audadala Lauderdale lakos Pl. 333/9
	MAY 3 1 2017	REINSTATEMENT
		2015-2017
11. E- mail Address: Ke 23 a l @ gmail . com (To be used for future annual report notifications)		
12.1 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. 1 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  Date  Daytime Phone #		
Typed or printed name of signing authorized representative/member http://www.		