PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500286459225
06/02/16--01004--005 **1210.00

500286459225
06/08/16--01004--001 **138.75

CR2E041 (1/14)

DOCUMENT # L07000049135

1. Limited Liability Company's Name
I ESVENTURES, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
c/o Thomas J. Stalzer		c/o Thomas J. Stalzer	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
1230 Peachtree St NE Ste 3100		1230 Peachtree St NE Ste 3100	
City & State		City & State	
Atlanta, GA		Atlanta, GA	
Zip	Country	Zip	Country
30309	USA	30309	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 5/9/2007

6. FEI Number: ☑ 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: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite: 1200 South Pine Island Road

Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: _____ Date: 6/1/16
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
AMBR	Eruani Azibapu	1230 Peachtree Street NE, Ste 3100	Atlanta, GA 30309

11. E-mail Address: LVirts@sgrlaw.com
(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/member: _____ Date: 05/29/2016 Daytime Phone #: 404-815-3501

Typed or printed name of signing authorized representative/member: Eruani Azibapu, Member

L07000048135

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/1/16

NAME: ESVENTURES US, LLC

TYPE OF FILING: REINSTATEMENT

COST: 1,210.00 - CHECK IS ATTACHED

RETURN: PLAIN COPY PLEASE

~~ACCOUNT: FCA000000015~~

~~AUTHORIZATION: ABBIE/PAUL HODGE~~

16 JUN -1 AM 7:43

16 JUN -1 PM 4:44

RECEIVED

File First

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2016

FLORIDA FILING & SEARCH SERVICES

SUBJECT: ESVENTURES, LLC.
Ref. Number: L07000049135

We have received your document for ESVENTURES, LLC. and check(s) totaling $1210.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of $138.75.

If you have any further questions concerning your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 816A00011534

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16 JUN -2 PM 4:17
DEPARTMENT OF STATE

(File first)
Please Keep Original file
date.
Thanks!