

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000060694

1. Limited Liability Company's Name

In a flash LLC

2. Principal Office Address - No P.O. Box #

5375 Starboard Street

Suite, Apt. #, etc.

101

City & State

Orlando, FL

Zip

32814

Country

USA

3. Mailing Office Address

5375 Starboard Street

Suite, Apt. #, etc.

101

City & State

Orlando, FL

Zip

32814

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 6/8/2007

6. FEI Number

26-0336115

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

Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable)

1203 Governors Square Blvd.

Suite, Apt. #, Etc.

Suite 101

City

Tallahassee

State

FL

Zip Code

32301-2960

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Mark Williams

Date 1/23/2010

REGISTERED AGENT MUST SIGN Business Filings Incorporated, Mark Williams, AVP

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	Suzanne Knight	5375 Starboard Street, # 101	Orlando, FL 32814
Managing Member	Amanda Kent	5375 Starboard Street, # 101	Orlando, FL 32814

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

Suzanne Knight

Date 02 Feb 10

Daytime Phone# 407.314.5483

Typed or printed name of signing Managing Member/Manager Suzanne Knight, Member