

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

VIA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 MAY 14 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FL

BOOK 1554088
05/13/24 - 01028 - 002 **2042.50

CR2E041 (1/14)

DOCUMENT # L07000099093

1. Limited Liability Company's Name
307 LLC

2. Principal Office Address - No P.O. Box #
321 SOUTH LAKESIDE DR.

Suite Apt #, etc.

City & State
LAKE WORTH BEACH, FL

Zip
33460

Country
USA

3. Mailing Office Address
PO BOX 970844

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

Zip
33497

Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 09/25/2007

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

Lemon Tree Partners LLC

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

321 S Lakeside Dr

Apt #, Etc

City

Lake Worth BEACH

State

FL

Zip Code

33460

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]

REGISTERED AGENT MUST SIGN

Date 4/30/24

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	Blind Beak LLC	7901 4th St N #11837	St. Petersburg, FL 33702

11. E-mail Address MSHIP44@GMAIL.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

Karin Lurtz

Date 4/30/24

Daytime Phone #

561-789-9846

Typed or printed name of signing authorized representative/member Karin Lurtz, AR