PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Secretary of State Division of Corporations DOCUMENT # J- 07000 10138 U Limited Liabitry Company a Name The John State Limited Liabitry Company a Name Liabitry Country Limited Liabitry Company a Name Liabitry Country Liabitry Liabitry Country Liabitry	T LEADE READ ALE INSTRUCTIONS BET ORE O	
DOCUMENT # N- 07000 10138 CI Limited Label by Company a Name TP 1 Boll or Store LLC 2. Principal Office Address - 10 P.C. Box 8 1. Limited Label by Company a Name Sure Agri 8 or Sure Address - 10 P.C. Box 8 2. Principal Office Address - 10	Service Control of Control	FILED
1. Invited Liability Company's Name TP 1 Bollar Store LLC 2. Principal Ciffue Address - No P. C. Sor 8 TH 5 4 No P. C. Sor 8 Suite April 8 c. Suite April 8 c. Suite April 8 c. City & State City & State Country R. Name and Address of Country R. Soreel approach Soreel Address of Country R. Soreel Address of Country Resignation of Manual Soreel Address of Country		- ·
1. Limited Liability Company a Name TP 1 Doll and Store LLC 2. Principal Office Address: No P.O. Sor 8 THE LA N. W. T. V. Store 1 and 1	DOCUMENT # 1000 101384	SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Pendosi Office Address - No P.O. Box 8 2. Pendosi Office Address - No P.O. Box 8 2. State Agr. 8 oc. Suite Agr. 8 oc. Suite Agr. 8 oc. City & State City & State County B. Name and Address of Current Registered Agont Nerve 8. Name and Address of Current Registered Agont Nerve 8. Name and Address of Current Registered Agont Nerve 1. State Agr. 8 oc. City A State Street Agr. 8 oc. City A State City A State 1. Doing oppointed the registered agent of the above names largest labelity company, and familiar with and accept the obligations of Chapter 608, F.S. Signature of County State Agr. 8 oc. City State Agr. 8 oc. C	1. Limited Liability Company's Name	
2. Principal Office Address of State Suite, Apt #, etc. Suite, A	JP1 Wollar Store LLC	
Suite April & ctc. Suite April & ctc. Suite April & ctc.	Principal Office Address - No P.O. Box # 3. Mailing Office Address	CR2E041 (11/09)
Solution of Country State Country Country Country Applied for Not Not Applied	71,04	-1
Applied to Applied to Name and Address of Current Registered Agent 8. Name and Address of Current Registered Agent Name 8. Name and Address of Current Registered Agent Name 8. Name and Address of Current Registered Agent As \$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. City City Single 25 Code FL Solic Single 25 Code FL Solic Single 25 Code FL Solic Names and Sirrer Address of Current Registered Agent Names and Sirrer Address of Carry Name of Managing Membershale agent of the above named by a habity company, am familiar with and accept me obligations of Chapter 608, F.S. Single 25 Code FL Solic Names and Sirrer Address of Carry Name of Managing Membershale agent of the Address of Each Names and Sirrer Address of Chy/Sittle 22p Name of Managing Membershale agent of the Address of Each Name of Chy/Sittle 22p REINSTATEMENTOR 10. Names and Sirrer Address of Each Name of Chy/Sittle 22p REINSTATEMENTOR Address 11. Email Address 12. Leaffy that I am managing membershale of the receiver of the seal for Leaffy of the Invest Labelly company news southers for receiver mit of seal and counts, and my significant for Registering of the Address of the receiver of the invest Labelly company news southers for receiver mit of seal and counts, and my significant of Sea Age, F.S. Further certificity in the country of the invest labelly company news southers for receiver mit of seal and security and my significant of Sea Age, F.S. Further certification of Sea Age, F.S. Furt	Suite Apt W. etc.	5. Date Organized or Qualified
Superior Country As 100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are carefulfying the prior notices were not received and requesting the \$100 reinstatement be waived. Singular of Street Agent Singular of Street Address of Each Singular of Street Address	lài . V-la	6. FEI Number Applied For
8. Name and Address of Current Registered Agent Name While Commission of Current Registered Agent Name Street Agent	Zip Country Zip Country	7. \$5.00 Additional Fee required
Non-the Name Name Name Name Name Name Name Nam	00100	
Sirest address (P.O. Box Number is Not acceptable) Suite. Apr. 4. Etc. Suite. Apr. 4. Etc. Suite. Apr. 4. Etc. State 32 p. Code FEL 32 p. Code State 32 p. Code P. 1. being appointed the registered agent of the above named larged hability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Addresss of Vanaging Rembers Managers 10. Names and Street Addresss of Vanaging Rembers Managers Managing Member/ Manager 11. E-mail Address 12. Lecritity that I am managing member/manager or the receiver of truited engower for the execute this application as provided for in Chapter 608, F.S. I further certify that when fing has invitationed the reason for dissolution has been eliminated. The internet floating company years assisting the requirements of section 9066, F.S. and that all immediated in the application in the agent of the receiver of truited empowered to the readule this application in section 606, F.S. and that was finished the control of the agent of the receiver of truited empowered to the readule this application as provided for in Chapter 608, F.S. I further certify that when fining has invitationed application as provided for in Chapter 608, F.S. I further certify that when fining has invitationed as provided for in Chapter 608, F.S. I further certify that when fining has invitationed as possible in the agent of the security of of	None -	N & \$100 rejectstement fee is imposed except
State Apr. 4. Fig. City Himmi Fig. 9. 1. being appointed the registered agent of the above named introd habitity company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Registered Agent Must such a Registered Agent Registered A		in circumstances which the entity did not
P. I. being appointed the registered agent of the above named lifting habitity company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Multiple Address of Each Managing Member/Manager City State / Zip Warnes and Street Address of Vanaging Member/Manager City State / Zip Warnes and Street Address of Each Managing Member/Manager City State / Zip REFINITY OF AGENTY AND ADDRESS OF Trusted City State / Zip REFINITY OF AGENTY AND ADDRESS OF Trusted City State / Zip REFINITY OF AGENTY AND ADDRESS OF Trusted City State / Zip RECITY State / Zip	1734 NW 1 the	box, you are certifying the prior notices were
9. I. being appointed the registered agent of the above named linked hability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Rust sign Registered Agent Registered Agent Rust sign Registered Agent Registered Agent Rust sign Rust Rust sign Rust Rust Rust Rust Rust Rust Rust Rust		
Signature of Registered Agent 10. Names and Street Addresses of Managing Members Managers Name of Managing Members Memb		k
#EGISTER Agent MUST SIGN 10. Names and Street Addresss of Managing Members/Managers Street Address of Each Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip	11.77-29	
Titles Name of Managers Ma	Registered Agent	Date 11-25-07
## Managing Member/Manager Managing Member/Manager	10. Names and Street Addresses of Managing Hembers/Managers	
11. E-mail Address: In the used for further mutal report not disclosed. Debugged for further mutal report not disclosed.		
11. E-mail Address: No be used for future annual replication 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 Date 11-23-23 Daytime Phone # 486	HGR WILMSE JOSEPH 1040 NW 1225+ Liming la 33/68	
11. E-mail Address: (To be used for future armulal repair notifications). 12. 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 filling 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 Manager Date Date MY COMMISSION# DISCOSTOR MY COMMISSION# DISCOSTOR		400163193904 11/30/0901073002 **277.50
11. E-mail Address: (To be used for future amfuel replin notifications) 12. 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 Manager Date Date MY COMMISSION# DISCOSER MY COMMISSION# DISCOSER	REINSTATEMENT ₀₈₋₀₉	
12. I certify that I am managing member/manager or the receiver 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 Date Date MY COMMISSION# Discosors Discosors MY COMMISSION# Discosors	an DB	
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 Manager Date 11-23-37 Daytime Phone # (786) 486-866 Typed companied name of signing Manager Manager MY COMMISSION # D069368	(ho be used for future amfuel report notifications)	
Managing Member/Manager Typed on printing Managing Manag	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	
MY COMMISSION DEGESTER	Managing Member/Manager Date	-23:03 Daylime Phone # (786) 486-868
EXPIRES April 19 2011	MY COMMISSION DDG65368	