

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

17 SEP 27 PM 4:17

DIVISION OF CORPORATIONS

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000014276

1. Limited Liability Company's Name
Online Dating LLC

REINSTATEMENT 2013-2017

800303921838
09/27/17--01003--003 ** 133.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 382 NE 191st St.		3. Mailing Office Address 382 NE 191st St.	
Suite, Apt. #, etc. 25664		Suite, Apt. #, etc. same 25664	
City & State Miami, FL		City & State Miami, FL	
Zip 33179	Country USA	Zip 33179	Country USA

8. Name and Address of Current Registered Agent

Name
Corporate Creations Network, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,
11380 Prosperity Farms Road

Apt. #, Etc.
221E

City
Palm Beach Gardens

State
FL

Zip Code
33410

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 02/08/2008	
6. FEI Number 26-1924396	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

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 9/26/2017
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
MGR	Peter Stolz	382 NE 191st St. #25664	Miami, FL 33179
MBA	Steve Feder	382 NE 191st St. #25664	Miami, FL 33179

11. E-mail Address: PeterStolzFL@aol.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 9/26/2017 Daytime Phone # 954-343-5571

Typed or printed name of signing authorized representative/member Peter Stolz