

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000027681

1. Limited Liability Company's Name

Own The Rock, LLC

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

2625 NE 14 Ave

Suite, Apt. #, etc.

#500

City & State

Wilton Manors FL

Zip

33334

Country

USA

3. Mailing Office Address

2625 NE 14 Ave

Suite, Apt. #, etc.

#500

City & State

Wilton Manors, FL

Zip

33334

Country

USA

8. Name and Address of Current Registered Agent

Name

Norris Miller

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

2625 NE 14 Ave

Apt. #, etc.

#500

City

Wilton Manors

State

FL

Zip Code

33334

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 11-29-16

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
M	Norris Miller	2625 NE 14 Ave #500 Wilton Manors, FL	Wilton Manors, FL 33334

11. E-mail Address: miller.norris@hotmail.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

[Signature]

Date 11-29-16

Daytime Phone # _____

Typed or printed name of signing authorized representative/member

FILED

2016 NOV 28 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Rei - 2016 [Signature] 12/1

CR2E041 (1/14)

4. State/Country of Formation

FL - USA

5. Date Organized or Qualified
To Do Business in Florida

3/17/2008

6. FEI Number

L08000027681

Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

FEI 74-3257912

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