PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2017

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 OCT 12 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/12/17 --01001 --238.75

1. Limited Liability Company's Name
MICHAEL OLIN CHRISTIAN, LLC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2709 WAINWRIGHT ST.	2709 WAINWRIGHT ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FLA.	City & State: TALLAHASSEE, FLA.
Zip: 32310 Country: USA	Zip: 32310 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

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: MICHAEL OLIN CHRISTIAN

Street Address (P.O. Box Number is Not Acceptable): 2709 WAINWRIGHT ST.

Suite, Apt. #, Etc: -

City: TALLAHASSEE FL (CCC) State: FL Zip Code: 32310

E-mail Address: NOLE46@HOTMAIL.COM

(To be used for future annual report notices)

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] Date: Oct. 11th

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles (MBR/MGR)	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MANAGER	MICHAEL OLIN CHRISTIAN	2709 WAINWRIGHT ST	TALLAHASSEE FLA 32310

1. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person: [signature] Date: Oct. 11th Daytime Phone #: 545 2207

Typed or printed name of signing Authorized Person: K. ASHTON