PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 JAN 02 PM 2: 37
TALLAHASSEE, FLORIDA

DOCUMENT # L08000054982

1. Limited Liability Company's Name
L+L Fun In The Sun Party Rentals

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
5460 W. State Rd. #84
Suite, Apt. #, etc.
Bay #8
City & State
Davie, Florida
Zip 33314   Country USA

3. Mailing Office Address
2820 Wiley Street
Suite, Apt. #, etc.
City & State
Hollywood, Florida
Zip 33020   Country USA

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 26-2796676   ☐ 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
Hattie Lee
Street Address (P.O. Box Number is Not Acceptable)
2820 Wiley Street
Suite, Apt. #, Etc.
City Hollywood,   State FL   Zip Code 33020

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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   Hattie Lee
REGISTERED AGENT MUST SIGN
Date 12-30-14

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 |
|---|---|---|---|
| | Hattie Lee | 5460 W. St. Rd. #84 Bay #8 | Davie, Florida 33314 |
| | | | S. HAWKES |
| | REINSTATEMENT | | JAN - 5 A.M. |
| | 2012 - 2014 | | EXAMINER |

11. E-mail Address: leehattie.7@att.net
(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager   Hattie Lee   Date 1-12-15   Daytime Phone # 954-513-5553

Typed or printed name of signing Authorized Representative/Manager _____