

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
Theophany, LLC (old name)

09/10/20--01009--026 **\$55.00
700351892507
09/10/20--01009--026 **\$55.00

CR2E041 (1/14)

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

2086 Adcola Pt.

Suite, Apt. #, etc

3. Mailing Office Address

P.O. Box 450640

Suite, Apt. #, etc

City & State

Longwood, FL

City & State

Lulu Mary, FL

Zip

32779

Country

US

Zip

32745

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8-12-2008

6. FEI Number

26-4056056

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 T. Koulianos

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

2086 Adcola Pt.

Apt. #, Etc

City

Longwood, FL

State

FL

Zip Code

32779

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

REGISTERED AGENT MUST SIGN

Date 8-10-2020

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>MBR</u>	<u>Michael T. Koulianos</u>	<u>2086 Adcola Pt.</u>	<u>Longwood, FL 32779</u>

11. E-mail Address KouliaKing@yahoo.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 8-10-2020

Daytime Phone #

944-293-0645

Typed or printed name of signing authorized representative/member