PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 APR 18 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 109000026237

1. Limited Liability Company's Name

International Press,llc

900202484739
04/19/11--01011--002 **382.50

CR2E047 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3650 se 136 ave.	p.o. box 1294
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee,Fl.	City & State: Okeechobee,Fl
Zip: 34974 Country: USA	Zip: 34973 Country: USA

4. State/Country of Formation: Fl. Okeechobee

5. Date Organized or Qualified To Do Business in Florida: 03/18/2009

6. FEI Number: 26-4487735 ☐ 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: Kristine M. Johnson P.A.

Street Address (P.O. Box Number is Not Acceptable): 10620 Griffin Rd.

Suite, Apt. # Etc.: 106

City: Cooper City State: FL Zip Code: 33328

E-mail Address: billparcell@comcast.net
(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 608, F.S.

Signature of Registered Agent _____ Date 4/12/11
REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
mgrm	Amos Tiger	415 w. Village	Okeechobee,Fl. 34974
mgr	William Parcell	3650 se 136 ave.	Okeechobee,Fl. 34974

REINSTATEMENT 2010-2011

L. SELLERS
APR 21 2011
EXAMINER

11. I certify that I am managing member/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 requirements of section 608.508, 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 Managing Member/Manager _____ Date 04/11/2011 Daytime Phone # 954-931-5730

Typed or printed name of signing Managing Member/Manager: William Parcell