PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 NOV 17 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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CR2E041 (05/10)

DOCUMENT # L09000029621

1. Limited Liability Company's Name

OPTIMIZED OFFER SOLUTIONS LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4343 D RIDGEWOOD AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
PORT ORANGE, FL			
Zip	Country	Zip	Country
32127	USA		

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 03/26/2009

6. FEI Number: 26-4446858 ☐ 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: SHAWN PETERS

Street Address (P.O. Box Number is Not Acceptable): 3651 DONNA STREET

Suite, Apt. #, Etc.:

City: PORT ORANGE | State: FL | Zip Code: 32129

REINSTATEMENT 2010 SBM

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 27 Oct, 2010
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Shawn Peters	3651 Donna st.	Port Orange, FL 32129
	support@epicedgemedia.com		

11. E-mail Address: support@epicedgemedia.com (To be used for future annual report notifications)

12. I certify that I am managing member/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 608.406, 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.

Signature of Managing Member/Manager _____ Date 27 Oct, 2010 Daytime Phone # 386-852-3854

Typed or printed name of signing Managing Member/Manager: Shawn Peters