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 -5 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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CR2E041 (1/11)

DOCUMENT # L09 000096227

1. Limited Liability Company's Name
Strike Solutions LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6357 Spanish Oaks Lane	6357 Spanish Oaks Lane
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples FL
Zip: 34119 Country: US	Zip: 34119 Country: US

4. State/Country of Formation: Florida US
5. Date Organized or Qualified To Do Business in Florida: 9/24/2010
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: David C Ritchie
Street Address (P.O Box Number is Not Acceptable): 12435 Collier Blvd
Suite, Apt #, Etc: # 106
City: Naples State: FL Zip Code: 34116

E-mail Address: NaplesFL83@yahoo.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 608, F.S

Signature of Registered Agent [signature] Date x 3/31/11
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	Michael Edwards	6357 Spanish Oaks Lane	Naples FL 34119
MGRm	Maggie Voll	6357 Spanish Oaks Lane	Naples FL 34119

11. 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 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 [signature] Date 3/31/11 Daytime Phone # 239-455-1003

Typed or printed name of signing Managing Member/Manager Michael Edwards