PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TED IOE NEW MOTIONS	
COMPANY REINSTATEMENT COMPANY Secretary of State DMISSION OF CORPORAT	FILED 13 APR 17 AM 11: 14
DOCUMENT #L) 0000027698 1. Limited Liability Company's Name	SECRETALLON STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address	700246892297 04/17/13010110101***516.25
Suite, Apt. #, etc. Suite # 6 Suite # 6 Suite # 6	4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida To Do Business in Florida
City & State Or/G n d D F / Country Zip / Country Zip / Country Zip / Country Zip / Country	6. FEI Number Applied For Not Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name Street Address (P.O. Jox Number is Not Acceptable)	E-mail Address:
Suite # 6 City Orlando State FL	2ip Code (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 Date	
10. Names and Street Addresses of Managing Members/Managers	
	et Address of Each ng Member/ Manager City / State / Zip
MER Anthony Blown + 1901 W. Co	plonial Dr. Orlando, F132804
	APR 18 2013
REINSTATEM	IENT 10-13 T. SCOTT
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 sustained 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

Typed or printed name of signing Managing Member/Manager