	PLEASE REA	AD ALL INS	rruct	IOI	IS BEFORE		ING THIS FORM	<b>1</b> .
COMPANY REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								
DOCUME  1. Limited Liability  Follow Your	Company's Name	00075	577	1			SECRETAR: OF	
2. Principal Office		3. Mailing Office Address 950 moody road				CR2E041 (1/14)  4. State/Country of Formation		
Suite, Apt. #, etc. #130	130	Suite, Apt. #, etc. 130 City & State				Florida  5. Date Organized or Qualified To Do Business in Florida 9/10/2010		
North Fort	north fort myers			•		6. FEI Number Apr 4680154475961 No		
Zip 3903	Country	<sup>Zip</sup> 33903		usa	untry 3	7.	\$5	\$5.00 Additional Foe require
	8. Name and Addre	ess of Current Regis	stered Age	nt				
Martha Dodo	d Transition of the Article							
Street Address (P.O. Box Number is Not Acceptable)  950 Moody Road  Suite, Apt. #, Etc.  #130						500264982665 10/02/1401039022 **238,75		
North Fort M	State Zip Code FL 33903					-		
I, being appoint Signature of Registered Agent	nted the registered agent of the	e above named limite	·			and accept the obliga	Date	2014
	Street Addresses of Authorize	d Representatives/M	lanagers		Street Address of E	ach	T	
Titles		Name of Street Address of I rized Representatives/ Authorized Represer Managers Manager					City / S	itate / Zip
Principle menter	ble Martha Dould			950 Moodyl			North Fort	Myers to
						***		
	REINS'	TATEN	MEI	<u>[[</u>				
, ,		OCT 2 9 701						

11 E-mail Address: (To be used for future annual report notifications) 12:2 certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements 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 somitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of

Authorized Representative/Manager Typed or printed name of signing Authorized Representative/Manager

JU

R. HUNT

Daytime Phone #