

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 DEC 27 AM 11:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 610000 114870

1. Limited Liability Company's Name

Its Ur Wallet LLC

KS

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

3535 S.E. Maricamp Rd.

3. Mailing Office Address

Suite, Apt. #, etc.

500-12

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Zip

34471

Country

US

Zip

Country

4. State/Country of Formation

2012

5. Date Organized or Qualified  
To Do Business in Florida

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

Richard A. Kinhead

Street Address (P.O. Box Number is Not Acceptable)

1017 Hickory Rd

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34472

Email Address: 100243082711

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iuwconsulting@gmail.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

Date 12/26/12

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
	Richard A. Kinhead	1017 Hickory Rd.	Ocala, FL 34472

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

Date 12/26/12

Daytime Phone # 352-426-0705

Typed or printed name of signing Managing Member/Manager Richard A. Kinhead