2015 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L11000082931 1. Entity Name MUD WORK L.L.C.						JUN 23 PM		 OVE:::	
Principal Plac	e of Business	Mailing Address				、 原料生物率			
2131 BERKSHIRE DR TALLAHASSEE, FL 32304		2131 BERKSHIRE DR Tallahassee, FL 32304			 			18188 41281 118	GB (416 1 GB)
2. Principal P	Place of Business - No P.O. Box#	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06232015	REIN-LLC	CR2E10	1 (12/11)	
City & State		City & State			4. FEI Number			<u> </u>	olied For Applicable
Zip	Country	Zip Country		гу	5. Certificate o	f Status Desired	□ \$5	.00 Addit	tional
	6. Name and Address of Current	gistered Agent			7. Name and A	ddress of New Re		<u> </u>	
FRANKLIN, DESSIE				Name					
2131 BER	KSHIRE DR SSEE, FL 32304	Street Address		P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	
8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I an								iliar with, e	ınd accept
the obligations of registered agent.									
SIGNATURE Signature, typed or pfinited name of repatered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FiLE	NOWIII FEE IS \$377.50						check paya Department		
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/C	HANGES		
TITLE NAME	MGRM FRANKLIN, DESSIE	☐ Delete	TITLE					Change	Addition
STREET ADDRESS CITY-ST-ZIP	2131 BERKSHIRE DR		STREET CITY-S	T ADORESS	30	0 0274 3 V1501003	3166	43	
TITLE	TALLAHASSEE, FL 32304	Delete	TITLE	S1-ZIP	06/23	V1501003		**377	Si) Addition
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CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE NAME		☐ Delete	TITLE] Change	Addition
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CITY - \$T - ZIP			CITY-S				·····		
indicated	certify that the information supplied with on this report is true and accurate and	<u>that my signature shall have</u>	the same	legal effect as if n	nade under oath;	that I am a managi	ther certify th	at the info	rmation or of the
limited liability companyed the reasoner or tricted among the support of required by Chartes COD Classics Control									
SIGNAT	URE:	- 12 lan	<u> </u>			MUDWORL	S-A	- J - 45	111000
SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS C 4 23/45									