Taylor Seay 8004323622 (03/03) 02/21/2018 09:56:40 AM

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

18 FEB 21 PM 8:52

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000084115

1. Limited Liability Company's Name
Ozols53,LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1111 Caroline	1111 Caroline
Suite, Apt. #, etc Suite 3003	Suite, Apt. #, etc. Suite 3003
City & State Houston Texas	City & State Houston Texas
Zip / Country 77010 / US	Zip / Country 77010 / US

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
Jul 21, 2011

6. FEI Number
45-2886944
☐ 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
Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,
515 East Park Avenue

Apt. #, Etc
2nd. FL

City / State / Zip Code
Tallahassee / FL / 32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Kim Tadlock — Kim Tadlock, Asst. Sec on behalf of Capitol Corporate Services, Inc. — Date: 02/21/2018

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Teresita Vazquez	1111 Caroline	Houston Texas 77010 US

REINSTATEMENT
2017-2018

11. E-mail Address: MAFM 174@gmail.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement 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 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 authorized representative/member: [signature] Date: 02 19 2018 Daytime Phone #: 713 822 0260

Typed or printed name of signing authorized representative/member: Teresita Vazquez

FEB 21 2018

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M. WILLIAMS

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800)345-4647
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT

OZOLS53, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	$377.50

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