PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE 'Secretary of State Division of Corporations	2015 JUN 25 AM 9: 32
DOCUMENT # L 11000092554		THE PARTY OF THE STATE OF THE S
1. Limited Liability Company's Name James Goodhe	\ C	THE OFFICE SHOPE IN THE THEFT
James Goodhe	alt ccc	
2. Principal Office Address - No P.O. Box#	3. Mailing Office Address	CR2E041 (1/14)
1135 Nutmeg DR	1135 NUT meg DR Sulte, Apt. #, etc.	4. State/Country of Formation
Soite, Apr. w, etc.	Suite, Apr. W. atc.	5. Date Organized or Qualified
City & State	City & State	To Do Business in Florida 8-11-2011
LAKEland Florida	Lakeland Florida	6. FEI Number Applied For Vol. Applicable
Zip Country	Zip Country	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a certificate of status
33801 US	33801 US	
8. Name and Address of Current Registered Agent Name		
	ael	
Street Address (P.O. Box Number is Not Acceptable) Suite,		·
Apt. #, Etc.		700274437677 06/25/1501018020 **521,25
City State Zip Code		06/25/1501018020 **521.25
Lakeland FL 33801		
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 REGISTERED AGENTATUST SIGN		Date 6-22-2015
10. Names and Street Addresses of Authorized Representatives/Managers		
Titles Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representativ Manager	e/ City / State / Zip
Mar James Good	heart 1135 nutmeg	DR Lakeland F1 33801
REINSTATEMENT		
2013-2015		
L		
11. E- mail Address: James Good 1960 gmai 1. Com (Total 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 2012 Date 6-22-2015 Daytime Phone # 863-808-8558 JUN 2 4 2015		
Jun 2 4 2015		