PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Laxleyv	al LLC								
			121	1-	18834		0000046 /4	/4 4 \	
Principal Office Address - No P.O. Box # 3. Mailing O			ffice Address			CR2E041 (1/14)			
	N.W. 22 Av.	17650 N.W. 22 Av.			4. State/Country of Formation				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Miami- Dade 5. Date Organized or Qualified To Do Business in Florida				
City & State		City & State			1/17/2012 6. FEI Number Applied For				
Miami Gardens		Miami Gardens Zip Country						Not Applicable	
^{Zip} 33056	Miami-Dade	33056			ami- Dade	7. CERTIFICATE O	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fe for a Certificate of		
8. Name and Address of Current Registered Agent									
Name Laxleyval Daley						i			
Street Address (P.O. Box Number is Not Acceptable)						04/17/14=51626=507=**38.75			
17650 N.W. 22 aV. Suite, Apt. #, Etc.						100000000000000000000000000000000000000			
oute, Apr. #, etc.				_		700258121277 03/24/1401002009 **477.50			
city Miami Gardens				State Zip Code				U3 ***	411.50
9. I, being	appointed the registered agent of the a	bove named limited	l hability c	ompar	ıy, am familiar with an	d accept the obliga	ations of Chapter 605, F.S	S.	
Signature of Registered Agent Do Oeu						Date 4-17-14			
		REGISTERED AGI	ENT MUS	T SIGI	١		7	1	
10. Nam	es and Street Addresses of Authorized F	Representatives/Ma	nagers						
Titles	Name of Authorized Representatives/ Managers			Street Address of Each Authorized Representative/ Manager			City / State / Zip		
sec.	Denise Dale	4106 N Main St.			St.	Jacksonville, Fl. 32206			
	~						<u> </u>		
	REIN	STAT	EM	Œ	NT				
	APR					R 17 2014		······	
						HUNT			
						110141			

11. E-mail Address: laxlev12@bellsouth.net

Authorized Representative/Manager_

(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 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 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 ation submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. as if made under oath. I am aware that false infor Signature of

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

Date 4/17/2014