PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

COMPANY REINSTATEMENT COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations							16 JUN 23 M 7: 17 SEVEN MINE MINE MINE ORIDA		
1. Limited	MENT # Liability Comp IFISH, LL							TALL ASSESSMENT	i.
•				. Mailing Office Address 178 E WASHINGTON HWY			CR2E041 (1/14) 4. State/Country of Formation		
Suite, Apt. #, etc			Suite, Apt #, etc				FLORIDA/UNITED STATES OF AMERICA 5. Date Organized or Qualified		
Cty& Sate MONTICELLO, FLORIDA			Ciy & Sate MONTICELLO, FLORIDA)A	To Do Business in Florida APRIL 14, 2016 6 FEI Number Applied For Not Applied ble		
Zip 32344	·		Zip 32344		UN	ITED STATES	7. CERTIFICATE OF STATUSD ESIRED S5.00 Additional Fee required for a certificate of status		tional Fee required icate of status
8. Name and Address of Current Registered Agent									
	WITMER								
Street Address (P.O. Box Number is Not Acceptable) Suite. 4178 E WASHINGTON HWY									
Apt. #, E					500287244615 06/23/16-01022-025 **516.25				
City MONTIC	;	State Zip Code 72344			U6/	∠3/16==U1U22==U2	5 * * 516.25		
9. I, beir Signature Registered	of	he registered agent of the above the second of the book of the second of	re named limited	en	any, ar	n familiar with and acc	ept the obligations	of Chapter 605, F.S. Date 06/09/2016	
10. Name	s and Street A	ddresses of Authorized Repress	entatives/Manage	ers				y	
Titles	Name of Authorized Representatives/ Managers			Street Address of Each Authorized Representative Manager			Oty / Sate / Zip		
MGR=	ELIZA M WITMER			4178 E WASHINGTON HWY			I HWY	MONTICELLO/FLORIDA/32344	
					TA	T		2100 O O Mitt.	
REINSTATE				MENI				JUN 2 3 2016 R. HUNT	
					•			K. HOIVI	
11. E-mail	Address LI	ZA@FLARDAFISH.(СОМ	l				<u> </u>	
						annual report notification		s provided for in Chapter 605, F	S. I further
certify that 605,0012, shall have felony as j	t when filing the F.S., and that the same leg provided for in	his reinstatement application it all fees owed by the limited	the reason for d liability compan	lissolution has ly have been p	been baid. T	eliminated, the limite he information indica	d liability compan ted on this applica ment to the Depai	y name satisfies the requirement ation is true and accurate, and riment of State constitutes a thir asytime Prone#	it of section ny signature d degree
-		of signing authorized represe	ntative/member	ELIZA M	WIT		Da	ayume Phone #	****
.,,		audionzou ropidae							