PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2022 APR -7 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FL

400385225684
04/07/22--01015--014 **1096.25

DOCUMENT # L12000013767

1 Limited Liability Company's Name
USA FAST TAX LLC

CR2E041 (1/14)

2 Principal Office Address - No P O Box #	3. Mailing Office Address
15051 Royal Oaks Lane	15051 Royal Oaks Lane
Suite, Apt # etc 604	Suite Apt # etc 604
City & State North Miami, FL	City & State North Miami, FL
Zip 33181 Country USA	Zip 33181 Country USA

4 State/Country of Formation: FL / Miami-Dade

5 Date Organized or Qualified To Do Business in Florida: 01/24/2012

6 FEI Number: [✓] 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: Natasha Nalls

Street Address (P O Box Number is Not Acceptable) Suite: 4110 NW 15th Ave

Apt # Etc:

City: Miami State: FL Zip Code: 33142

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: _____ Date: 2/28/22

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
MGR	Natasha Nalls	4110 NW 15Th Ave	Miami, FL 33142

11 E-mail Address: natashn@yahoo.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: _____ Date: 2/28/22 Daytime Phone #: 305-502-6544

Typed or printed name of signing authorized representative/member: Natasha Nalls