PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
OCUMENT #



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

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SEU LEINRY DE STALE TALL AHASSEE, FLORIDA 1. Limited Liability Company's Name CR2E041 (1/14) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 4. State/Country of Formation 7, USA 5. Date Organized or Qualified 2-28-2012 To Do Business in Florida 6. FEI Number Applied For 72 4558 Noi Applicable \$5.00 Additional Fee required ARION CERTIFICATE OF STATUS DESIRED for a Certificate of Status 8. Name and Address of Current Registered Agent 800257489408 03/05/14--01036--003 **377.50 City State Zip Code FL 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. Registered Agent Names and Street Addresses of Authorized Representatives/Managers Name of Authorized Representatives/ Street Address of Each Titles City / State / Zip Authorized Representative/ Manager K. ASHTON

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

Typed or printed name of signing Authorized Representative/Manager

Authorized Representative/Manager