

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000035762

1. Limited Liability Company's Name

Investment Freedom Property, LLC

2017 MAR 29 PM 3:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REI - 2015-2017
CR2ED41 (1/14) D. Simmons

2. Principal Office Address - No P.O. Box #

6346-65 LANTANA RD

3. Mailing Office Address

6346-65 LANTANA RD

Suite, Apt. #, etc.

114

Suite, Apt. #, etc.

114

City & State

LAKE WORTH, FLORIDA

City & State

LAKE WORTH, FLORIDA

Zip

33463

Country

Palm Beach

Zip

33463

Country

Palm Beach

4. State/Country of Formation

Florida, US

5. Date Organized or Qualified
To Do Business in Florida

3/13/2012

6. FEI Number

2 Applied For

2 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

Philippe Bourciogot

Street Address (P.O. Box Number is Not Acceptable) Suite,

6346-65 LANTANA RD

Apt. #, Etc.

114

City

LAKE WORTH

State

FL

Zip Code

33463

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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

[Signature]

REGISTERED AGENT MUST SIGN

Date 03-08-2017

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
<u>MGR</u>	<u>Philippe Bourciogot</u>	<u>6346-65 LANTANA RD LAKE WORTH, FL 33463</u>	<u>LAKE WORTH, FL 33463</u>

11. E-mail Address: PSJ2050@MSU-UM

(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

[Signature]

Date 03-08-2017

Daytime Phone # 561-721-0022

Typed or printed name of signing authorized representative/member

Philippe Bourciogot