PLEASE READ	ALL INSTRUCTIO	NS BEFORE	COMPLETIN	G THIS FORM.	
LIMITED LIABILITY  COMPANY  REINSTATEMENT  COMPANY  Secretary of State  DIVISION OF CORPORATIONS			3.000 (1.000) (1.000) (1.000) (1.000)	a cui	
DOCUMENT # L   3    1. Limited Liability Company's Marie  DIXIE Lowd Hore	000008	Ste7		18 HAR 26 PH 2:46	
Principal Office Address - 110 P.O. Bo> # 3. Mailing Office Address 5415 I Sabelle Rd 5415 I Sabelle Rd Suite, Apt #, etc.		4. State/Country  5. Date Organiz To Do Busine	FEATE IL LAON		
City & State INHahaSSEE Th  Zip 32305 Country LEON	2ip 3 2305	e FL Country Leon	7 *	Applied For Not Applicable  Status Desired  St	
8. Name and Address of Current Registered Agent  Name  John Longver  Street Address (P.O. Box Number is Not Acceptable)  5 H   5				E-mail Address:  IRMC John ag Mil  , com	
9. I, being appointed the registered agent of the a	above named limited liability of		1,000	e used for future annual report notices) tions of Chapter 605, F.S.  Date 3/26/2018	
Registered Agent	REGISTERED AGENT MUS	T SIGN			
Titles Name of Authorized Person Street Address of Each Author AMBRIMGR Name of Authorized Person			uthonzed Person	City / State / Zip	
MORM JOHN LONG	rer 54	15 Isabella	Rd	TILL 32305	
			03/	# <b>00311106883</b> /26/1801009013 **377.50	
·				MAR 2 2 2019	
				C. CARROTHERS	
11. I certify that I am an authorized person empt	ed, the limited habitity compar	tion as provided for in C ty name satisfies the rec true and accurate, and of State constitutes a thin	hapter 605, F.S. I furth juirements of Chapter 6 my signature shall have didegree felony as pro-	er certify that when filing this reinstatement, application 505, F.S., and that all fees owed by the limited liability at the same legal effect as if made under bath. I am	

Typed or printed name of signing Authorized Person \_