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SECONDARY OFFICE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L12000079555					
1. Limited Liability Company's Name FLORIDA ENTREPRENEUR, LLC					
2. Principal Office Address - No P.O. Box # 1297 Professional Drive		3. Mailing Office Address 1297 Professional Drive		CR2E041 (1/14)	
Suite, Apt. #, etc. Suite 202		Suite, Apt. #, etc. Suite 202		4. State/Country of Formation Florida	
City & State Myrtle Beach		City & State Myrtle Beach		5. Date Organized or Qualified To Do Business in Florida 06/14/12	
Zip 29577	Country USA	Zip 29577	Country USA	6. FEI Number 46-1209406	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
Name National Registered Agents, Inc.					
Street Address (P.O. Box Number is Not Acceptable) Suite, 1200 South Pine Island Road					
Apt. #, Etc.					
City Plantation				State FL	
				Zip Code 33324	
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 <u>Connie Bryon</u>		Date 2/19/2016		REGISTERED AGENT MUST SIGN <u>Connie Bryon</u>	
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	
	KLAUSNER CONSULTING USA, INC.	1297 Professional Drive, Suite 202		Myrtle Beach SC 29577	
11. E-mail Address: awells@bakerdonelson.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 <u>David T. Stewart</u>		Date 2/23/16		Daytime Phone (678) 406-8797	
Typed or printed name of signing authorized representative/member DAVID T. STEWART					

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**LIMITED LIABILITY REINSTATEMENT
FLORIDA ENTREPRENEUR, LLC**

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