PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED 8:00 AM
December 29, 2017
Sec. Of State

DOCUMENT # L12000094482

1. Limited Liability Company's Name
LAKTRONICS ENTERPRISE LLC

01/26/18--01004--001 **125.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3030 N Rocky Point Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ste. 105A	
City & State	City & State
Tampa	
Zip / Country	Zip / Country
FL. / USA 33607	/ USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified To Do Business in Florida 07/20/2012

6. FEI Number
80-0915137
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

900308404009
01/26/18--01004--001 **125.00

8. Name and Address of Current Registered Agent

Name
Registered Agents Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,
3030 N Rocky Point Dr, STE 105A

Apt. #, Etc.
SUITE 150A

City: TAMPA | State: FL | Zip Code: 33607

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: Bill Name — Date: 12/06/2017

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 M	DANTE GABRIEL GUILLEN R	2025 NW 102 AVE 108	Miami, FL 786-5365575
MGR	Orianis Marisela Mendoza Carmona	2025 NW 102 AVE 108	Miami, FL 786-5365575

11. E-mail Address: dantesai9@gmail.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: [signature] Date: 12/06/2017 Daytime Phone #: 0056967338122

Typed or printed name of signing authorized representative/member: Dante Gabriel Guillen R