PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2022 JUN - 2 PM 12:07

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DOCUMENT # L12000128797

1. Limited Liability Company's Name
V5 LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8025 VERA CRUZ WAY	8025 VERA CRUZ WAY
Suite, Apt #, etc	Suite Apt #, etc.
City & State: NAPLES	City & State: NAPLES
Zip: 34145 Country: USA	Zip: 34109 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/09/2012

6. FEI Number: 46-1288331 ☐ Applied For ☐ 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: MARIE VICKARYOUS

Street Address (P.O. Box Number is Not Acceptable) Suite,: 8025 VERA CRUZ WAY

Apt. #, Etc.:

City: NAPLES State: FL Zip Code: 34109

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: MVickaryous Date: 04/19/2022
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
MGRM	MARIE VICKARYOUS	8025 VERA CRUZ WAY	NAPLES, FL 34109
MGRM	JOSEPH VICKARYOUS	8025 VERA CRUZ WAY	NAPLES, FL 34109

JUN - 2 2022
R. HUNT

REINSTATEMENT

11. E-mail Address: MARIEVICKARYOUS@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: MVickaryous Date: 04/19/2022 Daytime Phone #: 239-249-9332

Typed or printed name of signing authorized representative/member: MARIE VICKARYOUS