PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

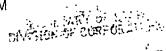
LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS



289 HAY 12 RM 12607

DOCUMENT # L13000033167

1. Limited Liability Company's Name

Fargo Real Estate Holdings, LLC

8003661467(8 05/12/21--01008--005 ******1218.75

2 Principal Offic	e Address - No P O Box #	Mailing Office Address			CR2E041 (1/14)	
130 - 24th Avenue North		130 - 24th Avenue North			4. State/Country of Formation	
Suite, Apt = etc		Suite. Apt # etc		Florida		
		1			5. Date Organize To Do Busines	
City & State		City & State			6 FEL Number Applied For	
St. Petersbu	rg, FL	St. Petersburg, FL				Not Applicable
Zip	Country	Zip	ip Country		7 CERTIFICATE OF ST	TATUS DESIRED 55.00 Additional Fee required for a certificate of status
33704	USA	33704		JSA	32.072.072	
	8. Name and Addi	ess of Current Registe	red Agent			1
Name						
Samuel P. L					[
Street Address (F 130 - 24th A	O Box Humber is Not Acceptable)	Suite				
Apt # Etc						
·					_	
City			Sta			
St. Petersbu			ļ			of Chapter 605 F.S.
9 1, being ap	pointed the registered agent of th	e above named limited lia	oility compai	iy, am tamiliar with and	accept the obligations	
Signature of	- fr/		 -			Date
Registered Age		REGISTERED AGENT	MUST SIGN			
10 Names and	1 Street Addresses of Authorized R	epresentatives/Managers	-			
Name of			Street Address of Each			City / State / Zip
Titles Authorized Repres		tives/	Authorized Representa <u>Manager</u>		tative/	
MGRM	Samuel P. Lanz	130 - 24th Avenue North			St. Petersburg, FL 33704	
MGRM	Corinne K. Lanza			30 - 24th Avenu	e North	St. Petersburg, FL 33704
REINSTATEM			L IN 1			MAY 1 2 2021
	<u> KFIN2T</u>	ALCIVI				27 1111112
						R. HUNT
	10: 1	7000				
11, E-mail Ad	dress SPLAN	LH CHO	Fm.	ul, lone		
certify that w 605,0012, F. shall have th felony as pro	hen filing this reinstatement appl	ication the reason for dis limited liability company inder oath. I am aware the	eiver or trus	baen eliminated, the baid. The information i mation submitted in a	ecute this application a limited liability compar indicated on this applic document to the Depa	as provided for in Chapter 605, F.S. I further my name satisfies the requirement of section cation is true and accurate, and my signature arrivent of State constitutes a third degree. Daytime Phone # 2274507445
Tuned or our	nted name of signing authorized	representative/member_				