

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
16 JAN 12 PH 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L13000044432

1. Limited Liability Company's Name  
SHANOI, LLC

2. Principal Office Address - No P.O. Box #  
5530 NE 53rd Terrace

3. Mailing Office Address  
5530 NE 53RD TERRACE

CR2E041 (1/14)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. State/Country of Formation

City & State

High Springs, FL

City & State

HIGH SPRINGS, FL

5. Date Organized or Qualified  
To Do Business in Florida 03/25/2013

Zip

Country

32643

USA

Zip

Country

32643

USA

6. FEI Number  
462372628

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

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite,

1201 HAYS STREET

Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

200281245412

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

REGISTERED AGENT MUST SIGN

Courtney Williams  
Asst. Vice President

Date 01.20.16

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
Member	Shannon D. Owwigo	5530 NE 53rd Terrace	High Springs, FL 32643

JAN 14 2016

R. HUNT

11. E-mail Address: shannonovwigo@yahoo.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. B17.155, F.S.

Signature of authorized representative/member Shannon Owwigo Date 12-8-2015 Daytime Phone # 386-266-8834

Typed or printed name of signing authorized representative/member Shannon D Owwigo

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 893257 7930770  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 379.50

ORDER DATE : December 2, 2015  
ORDER TIME : 9:02 AM  
ORDER NO. : 893257-010  
CUSTOMER NO: 7930770

DOMESTIC FILINGS

NAME: SHANOI, LLC

RECEIVED  
15 JAN 12 AM 11:00  
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

JAN 12 2015

EXAMINER'S INITIALS

R. HUNT