

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
High Springs, FL

City & State
HIGH SPRINGS, FL

Zip Country
32643 USA

Zip Country
32643 USA

4. State/Country of Formation

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

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 Zip Code
FL 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