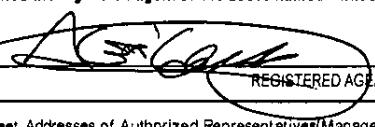
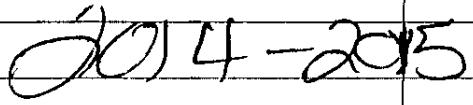


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L13000108229				
1. Limited Liability Company's Name ZOL Services LLC				

2. Principal Office Address - No P.O. Box # 5291 Collins Rd.		3. Mailing Office Address 5291 Collins Rd.	
Lot 314		Lot 314	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32244	Country USA	Zip	Country
8. Name and Address of Current Registered Agent Name Alejandro Gomez Street Address (P.O. Box Number is Not Acceptable) Suite 5291 Collins Rd. Lot 314 City Jacksonville State FL Zip Code 32244			

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 		Date 8-17-15	
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	Gomez, Alejandro C.	5291 Collins Rd. Lot 314	Jacksonville FL, 32244
MGRM	Crystal Gayle Cleverner	5291 Collins Rd. Lot 314	Jacksonville FL, 32244
REINSTATEMENT			
			
11. E-mail Address _____ <small>(To be used for future annual report notifications)</small>			
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 requirements 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 		Date 8-17-15	
Daytime Phone # (904) 271-1272		15 AUG 21	
Typed or printed name of signing authorized representative/member Crystal Gayle Cleverner, Alejandro C. Gomez			