

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L 13 00 0169630**

1. Limited Liability Company's Name
Underwood Pordobel, LLC

2. Principal Office Address - No P.O. Box # 2128 SW 25th ST		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33133	Country Miami-Dade	Zip 33	Country

B. Name and Address of Current Registered Agent

Name
Bret Berlin

Street Address (P.O. Box Number is Not Acceptable) Suite,
2128 SW 25th ST

Apt. #, Etc.

City
Miami

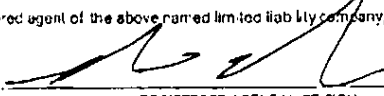
State
FL

Zip Code
33133

CR25041 (1/14)

4. State/Country of Formation FL / USA
5. Date Organized or Qualified To Do Business in Florida 12/9/13
6. FEI Number
Applied For ☐ Not Applicable ☐
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

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

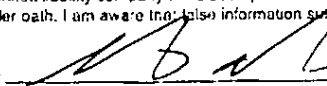
Date **8/10/2017**

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
MGR	Bret Berlin	2128 SW 25th St.	Miami / FL / 33133

11. E-mail Address: **Bret@PurpleStrategic.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 

Date **8/10/2017** Daytime Phone # **305 586 3460**

Typed or printed name of signing authorized representative/member **Bret Berlin**

M WILLIAMS