

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2018 OCT 25 AM 9:45

SECRETARY OF STATE  
WASHINGTON, D. C. 20520

000320204890  
10/25/18--01004--003 \*\*263.75  
CR2E041 (12/13)

1. Limited Liability Company's Name

L14000050605

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

9474 Shumard Dr

9474 Shumard Dr

Suite, Apt #, etc

Suite, Apt. #, etc.

City &amp; State

City &amp; State

1allah Assoc, 7/6

Tallinnasse, 7/10

Zip	Country
37305	LEO

Zip 32305 Country LEON

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

Applied For	
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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 Guo-En-guo Annie

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

476/ Shumard V

Suite, Apt #, Etc.

City Tallahassee,

State  
FL

Zip Code  
2905

E-mail Address:

E-mail Address: Aquorfermon@comcast.net

(To be used for future annual report notices)

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 10-25-18

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

[illegible]

11. I certify that I am an authorized person 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 Chapter 605, 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 Person

Date 12/5/8

Daytime Phone # 850 377 770

Typed or printed name of signing Authorized Person