PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

YTIJIBALI GETIMIL COMPANY REINSTATEMENT



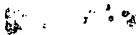
Typed or printed name of signing authorized representative/member LEANNE DELICE

FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS



2問 DEC -4 PM 2:30



DOCUMENT # L14000073856						
	PLACE PROPERTIES LLC					
				12/	100321859754 04/1801004001 *+238.75	
Pnnopal Office Address - No PO Box# 3 Mailing C			dress	CR2E04; (1/14)		
2189 WESTBOURNE DRIVE		6150 RESEDA BLVD		State/Country of Formation		
Suite, Apt #, etc		Suite, Apt #, etc		FLORIDA 5. Date Organized or Qualified To Do Business in Florida 05/07/2014		
City & State		City & State				
OVIEDO, FL		TARZANA, CA		6 FEI Number Applied For 46-5623908 Not Applicable		
Zip Country		Zip	Zip Country			
32765	US	91335	US	CERTIFICATE C	F STATUS DESIRED 55.00 Additional Fee required for a certificate of status	
	8. Name and Addre	ss of Current Registered	Agent	i		
Name LEGALII	NC CORPORATE SERVICE	ES INC.				
Street Address (P.O. Box Number is Not Acceptable) Suite, 5237 SUMMERLIN COMMONS BLVD				_		
Apt # 6 SUITE 4				_		
FORT MYERS State Zip Code 33907						
9. l. beii	ng appointed the registered agent of the a	above named limited liability	company, am familiar with and a	ccept the obligation	ns of Chapter 605, F.S.	
Signature Registered			alf of Legalinc Corpora	ate Services I	nc. _{Date} 11/27/2018	
<u> </u>		REGISTERED AGENT MUS	T SIGN			
10 Name	s and Street Addresses of Authorized Rep	resentatives/Managers				
Titles	Name of Authorized Representativ Managers	es/	Street Address of Ead Authorized Representa <u>Manager</u>		City / State / Zip	
_AR	LEANNE DELICE		6150 RESEDA BLVD		TARZANA, CA 91335	
AR ———	AR BRANDON FLOREZ		6150 RESEDA BL		VD TARZANA, CA 91335	
	_		·			
- .	DEINICO		DEC - 4 2018			
	171	CIINO A	INSTATEMENT		R. HUNT	
11. E-mail	RA@LEGALING.CO		used for future annual report notifica	thane)		
certify tha 605,0012, shall have	t when filing this reinstatement applicati , F.S., and that all fees owed by the limi	e/ manager or the receiver on the reason for dissolute led liability company have	or trustee empowered to execu- on has been eliminated, the lim- been paid. The information indi- e information submitted in a doc-	ite this application ited liability compa icated on this appli current to the Department	as provided for in Chapter 605, F.S. I further ny name satisfies the requirement of section cation is true and accurate, and my signature artment of State constitutes a third degree	
Signature	of authorized representative/member _	XX V	Date	12112010	Paytime Phone # (954) 599-3940	