PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 JAN 16 PM 4:50

DOCUMENT # L14000146580

1. Limited Liability Company's Name
CHORES ADVANTAGE LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1825 NW CORPORATE BLVD	1825 NW CORPORATE BLVD
Suite, Apt. #, etc. SUITE 110	Suite, Apt. #, etc. SUITE 110
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33431 Country USA	Zip 33431 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/16/2014

6. FEI Number: ☐ 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: Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,
11380 Prosperity Farms Road #221E

Apt. #, Etc

City: Palm Beach Gardens State: FL Zip Code: 33410

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: Taylor Page, Special Secretary Date: 1/12/18
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	XACTI, LLC	38 Ocean Club Drive Paradise island	New Providence , Bahamas

11. E-mail Address: govdocs@corpcreations.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: 1/12/18 Daytime Phone #: 5616948107

Typed or printed name of signing authorized representative/member: XACTI, LLC , Manager By: Taylor Page, Special Manager

JAN 16 2018

WILLIAMS

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000015352 3)))

H18000015352 3ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
CHORES ADVANTAGE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$516.25

Electronic Filing Menu Corporate Filing Menu Help