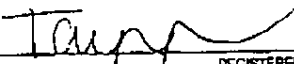
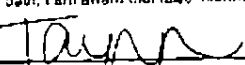


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		13 JAN 16 PM 4:50	
DOCUMENT # L14000146580 1. Limited Liability Company's Name CHORES ADVANTAGE LLC					
2. Principal Office Address - No P.O. Box # 1825 NW CORPORATE BLVD		3. Mailing Office Address 1825 NW CORPORATE BLVD		CR2EDM1 (1/14)	
Suite, Apt. #, etc. SUITE 110		Suite Apt. #, etc. SUITE 110		4. State/Country of Formation Florida	
City & State BOCA RATON FL		City & State BOCA RATON FL		5. Date Organized or Qualified To Do Business in Florida 09/16/2014	
Zip 33431	Country USA	Zip 33431	Country USA	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 805, 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/Manager	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 805, 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 805.0012, 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. 817.135, F.S.					
Signature of authorized representative/member  Date 1/12/18 Daytime Phone # 5616948107 XACTI, LLC , Manager By: Taylor Page, Special Manager					
Typed or printed name of signing authorized representative/member					

JAN 16 2018

WILLIAMS

Florida Department of State
Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
CHORES ADVANTAGE LLC**

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