

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000160399

1. Limited Liability Company's Name

FILED

2024 APR 10 PM 1:47

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04/10/24--01008--016--**541.25

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

520 SOUTH DOLINS AVE

Suite, Apt. #, etc.

3. Mailing Office Address

520 SOUTH DOLINS AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip Country

32805

US

City & State

ORLANDO, FLORIDA

Zip Country

32805

US

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA / US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

47-2018503

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

ONDRIA ROCHELLE JAMES

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

520 SOUTH DOLINS AVE

Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32805

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

ONDRIA ROCHELLE JAMES

Date

4-10-2024

REGISTERED AGENT MUST SIGN

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
<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>APR</u> <u>MGR</u>	<u>ONDRIA ROCHELLE JAMES</u>	<u>520 SOUTH DOLINS AVE</u>	<u>ORLANDO, FLA 32805</u>

11. E-mail Address: META.MARKETING.SOLUTIONIST@gmail.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

ONDRIA R JAMES

Date

4-10-2024

Daytime Phone #

Typed or printed name of signing authorized representative/member