PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2024 JUN 27 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900482809619
06/28/24--01007--001 **187.50

DOCUMENT # L14000196621

1. Limited Liability Company's Name
1313 28th Street Ocean, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1313 28th Street	1313 28th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marathon, FL	City & State: Marathon, FL
Zip: 33050 Country: USA	Zip: 33050 Country: USA

4. State/Country of Formation: Florida | USA

5. Date Organized or Qualified To Do Business in Florida: 12 | 30 | 2014

6. FEI Number: 47-2735299 ☐ 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: Russ O Brown

Street Address (P.O. Box Number is Not Acceptable) Suite:
1313 28th Street Ocean

Apt. #, Etc.

City: Marathon | State: FL | Zip Code: 33050

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 6/26/24
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
AMBR	Russ O Brown	1313 28th St	Marathon, FL 33050
AMBR	Kristi K Brown	1313 28th St	Marathon, FL 33050

11. E-mail Address: KimBrown@behindtheglassframing.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: Kim Brown Date 6/26/24 Daytime Phone # 912-313-4070

Typed or printed name of signing authorized representative/member: Kristi Kim Brown

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

~~PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160:~~ __check attached_____
AUTHORIZATION SIGNATURE: _____
One Particular Harbor, LLC L14000196621
BUSINESS (Name) Document #

___ Walk in

___ Mail out

___ Photocopy

___ Pick up time_____

____ Will wait

RECEIVED
2024 JUN 27 PM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

_____ **Certified copies of:**

___ **Certificate of Status**

NEW FILINGS

____Profit
____Not for Profit
____Limited Liability
____Domestication
____Other
____ LLP

____INC

AMMENDMENTS

____Amendment
____Resignation of R.A. Officer/Director
____Change of Registered Agent
____Dissolution/Withdrawal
____Merger
____Conversion

OTHER FILINGS

____Annual Report

____Fictitious Name

_____ APOSTIL ( ) _____
Country

REGISTERATION/QUALIFICATIONS

___ Foreign Filing
____Limited Partnership
__X__Reinstatement
____Trademark
____Other

EXAMINER'S INITIALS:_____