PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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1 Limited Liability Company's Name

Exavier, LLC

CR2E041 (1/14)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 2457 E. Roble Dr | 2457 E. Roble Dr |
| Suite, Apt. #, etc | Suite, Apt. #, etc. |
| City & State: Kissimmee FL | City & State: Kissimmee FL |
| Zip: 34746 Country: Osceola | Zip: 34746 Country: Osceola |

4. State/Country of Formation: Florida / Osceola

5. Date Organized or Qualified To Do Business in Florida: 03/16/2015

6. FEI Number: 47-3477174 ☐ 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: Empire Business & Tax Advisors, LLC

Street Address (P.O. Box Number is Not Acceptable) Suite: 120 Broadway Ave

Apt. # Etc: Suite 302

City: Kissimmee State: FL Zip Code: 34741

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 06/30/2020

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 | Ernesto Xavier Baez Baez | 2457 E Roble Dr. | Kissimmee FL 34746 |
| | | | |
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| | | | |

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S. YOUNG

11. E-mail Address: ednamendez@empirebta.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 6/29/2020 Daytime Phone # (407) 724-2395