PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2017 OCT -9 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000053251

1. Limited Liability Company's Name

Expectations by Ta LLC

CR2E041 (12/13)
600304361378
10/09/17--01010--002 **25.00

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
149 Havana Hwy	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Quincy FL	City & State:
Zip: 32351 Country: US	Zip: Country:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 3/26/15

6. FEI Number: 47-3918408 ☐ 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: Sheindara Murphy

Street Address (P.O. Box Number is Not Acceptable): 149 Havana Hwy

Suite, Apt. #, Etc.:

City: Quincy State: FL Zip Code: 32351

(x2)
E-mail Address: Sheindra-murphy@yahoo.com
(To be used for future annual report notices)

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: S. Murphy Date: 10/9/17
REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles MBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
Owner	Sheindara Murphy	149 Havana Hwy	Quincy FL 32351

REINSTATEMENT
2017

1. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person: Sheindara Murphy Date: 10/09/17 Daytime Phone #: 597-5766

Typed or printed name of signing Authorized Person

NAV