PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR -4 PM 9:46

DOCUMENT # L15000064547

1. Limited Liability Company's Name
CODE ENTERPRISES LLC

04/05/17--01001--006 **377.50

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
404 SHADEVILLE Hwy	404 Shadeville Hwy
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: CrawFordville FL	City & State: CrawFordville FL
Zip: 32327 Country: Wakulla	Zip: 32327 Country: Wakulla

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 4-14-15

6. FEI Number: 47-3711833 ☐ 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: Joey Robison

Street Address (P.O. Box Number is Not Acceptable): 404 Shadeville Hwy

Suite, Apt. #, Etc.:

City: CrawFordville State: FL Zip Code: 32327

E-mail Address:

200297606732
04/05/17--01001--006 **377.50

joeycoo1584@gmail.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: Joey Robison Date:
REGISTERED AGENT MUST SIGN

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

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
AMBR	JaDe Robison	404 Shadeville	CrawFordville FL 32327
MGR	Joey Robison	404 Shadeville	CrawFordville FL 32327

REINSTATEMENT

2016 - 2017

11. 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: Joey Robison Date: 4-5-17 Daytime Phone #: 850-296-4207

Typed or printed name of signing Authorized Person: Joey Robison