PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 JAN 27 PM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L15000067717

1. Limited Liability Company's Name
FANTASTIC VENTURES LLC.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4238, LITTLE OSPREY DRIVE	4238, LITTLE OSPREY DRIVE
Suite, Apt. #, etc. L	Suite, Apt. #, etc.
City & State: TALLAHASSEE, FL.	City & State: TALLAHASSEE FL
Zip: 32303 Country: USA	Zip: 32303 Country: USA

4. State/Country of Formation: FLORIDA USA
5. Date Organized or Qualified To Do Business in Florida: 4/20/2015
6. FEI Number: ☐ 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: EMMANUEL TAIWO GBADEBO
Street Address (P.O. Box Number is Not Acceptable) Suite:
4238, LITTLE OSPREY DRIVE
Apt. #, Etc
City: TALLAHASSEE State: FL Zip Code: 32303

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: Taiwo Gbadebo Date: 1/27/2017
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
MGR	AMURE, S. OLATUNDE	20, ADEOLA JANNI ST.	IKORODU, LAGOS NIGERIA.
MGR	IDASAKIN, K ALFRED	12, EGBEWA ST. GRA	ADO-EKITI EKITI, NIGERIA

REINSTATEMENT
2016 2017

11. E-mail Address: GBADEBOTAIWO@YAHOO.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. 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: Taiwo Gbadebo Date: 1/27/17 Daytime Phone #: 8503393999
Typed or printed name of signing authorized representative/member: EMMANUEL TAIWO GBADEBO

JAN 27 2017
M. WILLIAMS