

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L 15000073817

1. Limited Liability Company's Name  
Florida District Holding LLC

2. Principal Office Address - No P.O. Box #

1145 NE 5th Ave

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33432

Country

USA

3. Mailing Office Address

129 NW 13th St D-21

Suite, Apt. #, etc.

City & State

Boca Raton FL

Zip

33432

Country

USA

8. Name and Address of Current Registered Agent

Name

Stuart Thorn

Street Address (P.O. Box Number is Not Acceptable) Suite,

1145 NE 5th Ave

Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

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

STUART THORN

Date

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
AmBn	Stuart Thorn	129 NW 13th St D-21	Boca Raton FL 33432

REINSTATEMENT

OCT 14 2016

R. HUNT

11. E-mail Address:

stuartt@electrone.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

Daytime Phone #

Typed or printed name of signing authorized representative/member

STUART THORN

12 Oct 2016 561-395-8398

FILED

2016 OCT 14 PM 5:15

FLORIDA DEPARTMENT OF STATE

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

17 APRIL 2015

6. FEI Number

36-4180134

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a certificate of status

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10/14/16--01028--013 \*\*243.75