PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

# LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 SEP 20 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L15000076692

Limited Liability Company's Name
TRUST TAX AND SERVICES LLC

CR2E041 (1/14)

| Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 6811 PEMBORKE ROAD | 6811 PEMBROKE ROAD |
| Suite Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: PEMBROKE PINES, FL | City & State: PEMBROKE PINES, FL |
| Zip: 33023 / Country | Zip: 33023 / Country |

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 04/03/2015

6. FEI Number: 87-2635036 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

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8. Name and Address of Current Registered Agent

Name: MIRLENE RICHARDSON

Street Address (P.O. Box Number is Not Acceptable) Suite:
5713 HOLLYWOOD BLVD

Apt. # Etc

| City | State | Zip Code |
|---|---|---|
| HOLLYWOOD | FL | 33021 |

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: MRR — Date: 09/15/2021
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 | MIRLENE RICHARDSON | 5713 HOLLYWOOD BLVD | HOLLYWOOD, FL 33021 |
| | | | |
| | | | |
| | | | |
| | | | |

Mail Address: _____
(Note used for future annual report notifications)

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 605.0401, 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.

Authorized representative/manager: MRR — Date: 09/15/2021 — Daytime Phone #: _____

Typed name of signing authorized representative/manager: _____