PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Company FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # L15000126816 DXXROGMORDMANCEX LLC Name						(((H16000318536 3))) FILED 8:00 AM December 29, 2016 Sec. Of State		
2. Princi, 880 (Suite, Apri City & Sta St. P	etersburg, F	Box # 3. Way 88 Sulf	Mailing Office Addr 30 Carillo ic Apt. P. etc. 8 State	n Parkway burg	To Do 6 July 27, 201 5, FET Nur 47-463	nber	Applied For Not Applicable	
SIGGITAG 880 C Suite, Ap	7. Name a as A. James arillon Parkway	nd Address of Curre	3716 ent Registered Age	USA State Zip Code FL 33716			for a Certificate of Status	
Signature Registered	of V	REGISTE	ERED AGENT MUS	T SIGN	**	Date		
Titles	Name of Manager XXXXXXXXXXXXXXXXXX			Street Address of Each Officer and/or Director		City / State / Zip		
Mgr	Thomas	880	880 Carillon Parkw		St. Petersbu	urg, FL 33716		
0. F.ma	((H160003185	12 121	ies.com					

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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.

Than a games

SIGNATURE AND TYPED OR MINITED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS A, JAMES, MANAGER

SIGNATURE: X

14:17

Electronic Filing Audit Record

02/15/17

Fax Audit Number: H16-000318536 has a current status of FILED

From: JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.

911 CHESTNUT STREET

P.O. BOX 1368

CLEARWATER FL 33756-0000 US

Contact Name: RANELL M TINSLEY Ph: (727)461-1818

Userid: 076666002140 Account: 076666002140 Sub-Account:

Document Type: EFIL26 Total Pages: 1

Corporate Name: JAMES RE, LLC

Certified Copy: Certificate of Status:

Fax Phone Number: (727)441-8617 Request Date: 12/29/16 Time: 13:22:02

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Estimated Charge: \$238.75

Capital Contr: \$0.00 Amt Increase: \$0.00

D/Reason: AR User Year: 2016 501(3)(C) STATUS:

Corp Status: I Total Corps:

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