

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000167292

1. Limited Liability Company's Name

Holmes LLC

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

4F., No. 43, Ziqiang Rd., Zhonghe Dist

SAME

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

New Taipei City, Taiwan

Zip

Country

Zip

Country

235080

Taiwan (ROC)

8. Name and Address of Current Registered Agent

Name

WISE TAX AND FINANCIAL SERVICES PLLC

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

7208 W SAND LAKE RD STE 305

Apt., #, Etc.

City

ORLANDO

 State
FL

 Zip Code
32819

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

REGISTERED AGENT MUST SIGN

Date

9/4/2021

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
AMBR	KUAN, YUNG-HUNG	4F., No. 43, Ziqiang Rd., Zhonghe Dist	New Taipei City, Taiwan 235
AMBR	LEE, WEN-LAN	4F., No. 43, Ziqiang Rd., Zhonghe Dist	New Taipei City, Taiwan 235

11. E-mail Address:

holmes.kuan@gmail.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 holmes.kuan@gmail.com

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CR2E041 (1/14)

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 10/01/2015

6. FEI Number
30-0885087

 Appl
Not A

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

REINST.

WISE

2018.2021