

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000173617

1. Limited Liability Company's Name
ENTICE LLC

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

1090 HOLLAND DR

Suite, Apt. #, etc.

STE 1

City & State

BOCA RATON, FL

Zip

33487

Country

U.S.

3. Mailing Office Address

1090 HOLLAND DR

Suite, Apt. #, etc.

STE 1

City & State

BOCA RATON, FL

Zip

33487

Country

U.S.

8. Name and Address of Current Registered Agent

Name

Zachary L. Catanzaro, Esq.

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

1499 W. Palmetto Park Rd.

Apt. #, Etc.

Ste. 212

City

Boca Raton

State

FL

Zip Code

33486

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 **10/25/16**

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
P	Phillip Braun	1090 HOLLAND DR, STE 1	BOCA RATON, FL 33487

REINSTATEMENT

NOV - 1 2016

R. HUNT

11. E-mail Address: **zachary@zclaw.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

10-25-16

Daytime Phone #

Typed or printed name of signing authorized representative/member

PHILLIP DREW BRAUN

FILED

2016 NOV - 1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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