PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2016 NOV -1 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

...D LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

400291859604
11/01/16--01010--020 **238.75

DOCUMENT # L15000178173

1. Limited Liability Company's Name
F1rst Principles Software, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
504 Orange Lawn Drive	504 Orange Lawn Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Valrico, FL	City & State: Valrico, FL
Zip: 33594 Country: USA	Zip: 33594 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/20/2015

6. FEI Number: 47-5381654 ☐ Applied For ☐ Not Applicable

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

8. Name and Address of Current Registered Agent

Name: Kirk Pennywitt

Street Address (P.O. Box Number is Not Acceptable) Suite,
504 Orange Lawn Drive

Apt. #, Etc.

City: Valrico | State: FL | Zip Code: 33594

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: Kirk Pennywitt — REGISTERED AGENT MUST SIGN Date: 10/20/2016

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	Kirk Pennywitt	504 Orange Lawn Drive	Valrico, FL 33594
AMBR	Scarlett Camille Knight	1214 Atlantic Drive	Atlanta, GA 30318
AMBR	Kimberly Ann Knight	1214 Atlantic Drive	Atlanta, GA 30318
	REINSTATEMENT	NOV - 1 2016	
		R. HUNT	

11. E-mail Address: kpennywitt@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: Kirk Pennywitt Date: 10/20/2016 Daytime Phone #: 678-524-0646

Typed or printed name of signing authorized representative/member: Kirk Pennywitt, Member