

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L1500195743

Limited Liability Company's Name

Every Second Counts investment LLC

FILED
REINSTATEMENT
19 APR 17 AM 12:30
SECRETARY OF STATE
TALLAHASSEE
04/11/19--01005--013 **500.00

Principal Office Address - No P.O. Box #

3457 Exmouth Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Zip

32310

Country

US

Zip

Country

CR2E041 (12/13)
500327850179
04/11/19--01005--014 **155.00

5. Date Organized or Qualified
To Do Business in Florida

11/31/15

6. FEI Number

☒ 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

Roscoe Davis

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

3457 Exmouth Lane

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

E-mail Address:

Roscoe.davis19@yahoo.com

(To be used for future annual report notices)

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

[Signature]

Date 04-11-19

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Roscoe Davis	3457 Exmouth Lane	Tallahassee / FL / 32310
AMBR	Nathan Byron	3457 Exmouth Lane	Tallahassee / FL / 32310

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

[Signature]

Date

04-11-19

Daytime Phone #

407-416-7144

Typed or printed name of signing Authorized Person