

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2021 JUN 23 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400368801654
06/23/21--01022--015 **377.50

CR2E041 (1/14)

DOCUMENT # L16000107242

1. Limited Liability Company's Name
CANNABINOID WATER LLC

2. Principal Office Address - No P.O. Box #
12126 GLACIER BAY DR.

Suite, Apt. #, etc

City & State
BOYNTON BEACH, FL

Zip Country
33473 USA

3. Mailing Office Address
12126 GLACIER BAY DR.

Suite, Apt. #, etc

City & State
BOYNTON BEACH, FL

Zip Country
33473 USA

4. State/Country of Formation
MIAMI, FL USA

5. Date Organized or Qualified
To Do Business in Florida **6/02/2016**

6. FEI Number
81-3033302

☐ 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
JASON BRAVO

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

Apt. #, Etc

City State Zip Code
CORAL GABLES, FL 33134

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 **6/11/2021**

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
MGR	SCHLOSSER, JORDAN B	12126 GLACIER BAY DR.	BOYNTON BEACH, FL 33473

11. E-mail Address **jordan@cannabinoidwater.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

Typed or printed name of signing authorized representative/member

Date **6/11/2021**

Daytime Phone #

305-335-0709

JASON BRAVO