PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

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LIMITED LIABILITY COMPANY REINSTATEMENT	COMPANY Secretary of State		2024 FEB -7 PM 12: 56	
DOCUMENT # L 16000199026 1. Limited Liability Company's Name			202 3.	TALL THASSEE, FL
VLXI Solutions LLC				
Principal Office Address - No P.O. Box# 3. Maiking Office Address			02	000423614100 708/2401017001 +*793.75
2. Principal Office Address - No P.O. Box#			4. State/Countr	
5634 Current Pr Suite, Apt. 4, etc.	Suite, Apt. #, etc.		FLIUSA	
		5. Date Organized or Qualified To Do Business in Flonda 10/28/2016		
City & State		6. FEI Number Applied For		
Apollo Beach	10 Beach FC Country Zip Country		81-4333222 Not Applicable	
33572 USA	1 ''	USA	7. CERTIFICATE OF	STATUS DESIRED 55.00 Additional Fee required for a certificate of status
8. Name and Address of Current Registered Agent			- 	
Name VASILE LAUR Street Address (P.O. Box Number is Not Acceptable) Suite.			REINSTATEMENT	
ADI. * EIG.			ELINDIAL OIL	
Apt. *, Etc.			101	11 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1
Apollo Beach FL 33572			1/) for 1
9. \$\frac{\psi}{\psi}\$, 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 Requistered Agent Date /2/16/2023				
REGISTERED AGENT MUST SIGN				
10 Names and Street Addresses of Authorized Repres	entatives/Managers			
Titles Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager		City / State / Zip
Tanager VASiLE LAUR 6634 Curat P		Curat po,	<u> </u>	Apollo Beach, FL3 1582
				rss - 8 202 1
		., =		
				M. WILLIAMS
11. E-mail Address Vasile lang a mail com				
(To be used for future annual report notifications) 12. I certify that I am an authorized representative/ manager of 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 logal 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 12/16/23 Daytime Phone #				
Signature of authorized representative/member				
The search of th				