


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
2021 APR 29 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17000118884
1 Limited Liability Company's Name
HECTOR L ORTIZ ENTERPRICES LLC

000385229510
04/29/21--01005--005 ++377.50
CR2E041 (1/14)

2 Principal Office Address - No P.O. Box # 11118 COLDFIELD DR		3 Mailing Office Address 11118 COLDFIELD DR	
Suite, Apt #, etc		Suite Apt #, etc	
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL	
Zip 32246	Country DUVAL	Zip 32246	Country DUVAL

4 State/Country of Formation JACKSONVILLE, FL	
5 Date Organized or Qualified To Do Business in Florida 05/31/2017	
6 FEI Number 82-1694705	Applied For <input type="checkbox"/> Not Applicable
7 CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8 Name and Address of Current Registered Agent

Name
ORTIZ, HECTOR L

Street Address (P.O. Box Number is Not Acceptable) Suite
11118 COLDFIELD DR

Apt #, Etc

City JACKSONVILLE	State FL	Zip Code 32246
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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 _____ Date 04-20-2021

REGISTERED AGENT MUST SIGN

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	HECTOR L ORTIZ	11118 COLDFIELD DR	JACKSONVILLE FL 32246
REINSTATEMENT			APR 28 2021
			R. HUNT

11. E-mail Address 111tax333@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 _____ Date 04-20-2021 Daytime Phone # 904-674-4544

Typed or printed name of signing authorized representative/member _____