

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

ED

DOCUMENT # L1700012707

1. Limited Liability Company's Name

Olivan Investments LLC

MAY 20 PM 5:21

DEPT. OF STATE
FLORIDA, FL
100424325331
02/20/24--01021--022 **1000.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

23 S college st

Suite, Apt. #, etc.

3. Mailing Office Address

23 S college st

Suite, Apt. #, etc.

City & State

macclenny, FL

City & State

macclenny, FL

Zip

Country

32063

USA

Zip

Country

32063

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

June 5th, 2017

6. FEI Number

82 2462776

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

Alexis Norman

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

43 east blvd n

Apt. #, Etc.

City

macclenny, FL

State

FL

Zip Code

32063

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

Alexis Norman
REGISTERED AGENT MUST SIGN

Date 2/15/24

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
MS	TO B McCART		
MS	Kristen M Corbett		

REINSTATEMENT

R. HUNT

11. E-mail Address: INKMNKY@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/ manager or receiver or trustee

Alexis Norman

2/15/24

904 294 5392