PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

18 OCT 24 AM 6:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L17000195273

1. Limited Liability Company's Name
7132 Queenferry, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
7132 Queenferry Circle		7132 Queenferry Circle	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Boca Raton, FL		Boca Raton, FL	
Zip	Country	Zip	Country
33496	USA	33496	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 9/20/17

6. FEI Number
82-3860183
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

400320179084

8. **Name and Address of Current Registered Agent**

Name
Stewart F. Hescheles

Street Address (P.O. Box Number is Not Acceptable) Suite,
7132 Queenferry Circle

Apt #, Etc

City	State	Zip Code
Boca Raton	FL	33496

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 10/23/2018
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
Mr.	Stewart F. Hescheles	7132 Queenferry Circle	Boca Raton, FL 33496

OCT 24 2018

11. E-mail Address: stewart@lifespringfinancial.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 10/23/2018 Daytime Phone # 201-741-5449

Typed or printed name of signing authorized representative/member Stewart F. Hescheles

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 457511 4609265

AUTHORIZATION :

COST LIMIT : $238.75

ORDER DATE : October 24, 2018

ORDER TIME : 1:09 PM

ORDER NO. : 457511-005

CUSTOMER NO: 4609265

DOMESTIC FILINGS

NAME: 7132 QUEENFERRY, LLC

18 OCT 24 PM 1:48

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - Ext# 62925

EXAMINER'S INITIALS _____