

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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RECEIVED STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

Inside + Out Southern Solutions LLC  
L17000202766

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

2823 Gary Lane

Suite, Apt. #, etc.

City & State

Lakeland Florida

Zip

33812

Country

US

3. Mailing Office Address

2823 Gary Lane

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33812

Country

US

CR2E041 (1/14)

4. State/Country of Formation

US

5. Date Organized or Qualified  
To Do Business in Florida

09/28/2017

6. FEI Number

822973376

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name Thomas Dylan Adams

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

2823 Gary Lane

Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33812

700321254487  
11/21/18--01004--008 \*\*238.75

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 11/16/18

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

NOV 21 2018

11. E-mail Address Jelly@hyper-graphics.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

*[Signature]*

Date

Nexttime Phone # 363-944-4775