

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17000204114

1. Limited Liability Company's Name

MANUS 360 LLC

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

4830 West Kennedy Blvd

Suite, Apt. #, etc

Suite 600

City & State

Tampa, Florida

Zip

33609

Country

USA

3. Mailing Office Address

4830 West Kennedy Blvd

Suite, Apt. #, etc

Suite 600

City & State

Tampa, Florida

Zip

33609

Country

USA

8. Name and Address of Current Registered Agent

Name

Business Filings Incorporated

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

1200 South Pine Island Road

Apt. #, Etc

City

Plantation

State
FL

Zip Code

33324

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

Chris Das, AVP,
Business Filings Incorporated

Date 12/29/2022

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
AMBR	Dallas Bishoff	150 Washington Ave, Suite 201	Sante Fe, New Mexico 87501

11. E-mail Address dallas@manus360.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

27 Dec 2022

Daytime Phone #

(505) 999-7511

FILED

2023 FEB 16 AM 10:47

TALLAHASSEE, FL
800399970128
02/15/23--01031--001 **\$680.00

800399970128
01/04/23--01031--001 **\$680.00

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/3/2017

6. FEI Number

82-3102579

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status