PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

400364094524
04/14/21--01008--022 **541.25

DOCUMENT # L18000084779

1. Limited Liability Company's Name
VITELIUSS I LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1201 MUZANO ST	1201 MUZANO ST
Suite, Apt. # etc A201	Suite, Apt. #, etc. A201
City & State KISSIMMEE, FL	City & State KISSIMMEE, FL
Zip / Country 34741 / US	Zip / Country 34741 / US

4. State/Country of Formation
FL, US

5. Date Organized or Qualified To Do Business in Florida 04/03/2018

6. FEI Number
82-5261072
☐ 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
PABLO I SALAS R

Street Address (P.O. Box Number is Not Acceptable) Suite,
1201 MUZANO ST

Apt. # Etc
A201

City: KISSIMMEE | State: FL | Zip Code: 34741

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 04/09/2021

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	PABLO I SALAS R	1201 MUZANO ST APT A201	KISSIMMEE, FL 34741

11. E-mail Address HELLO@ULTRASELLERSHOES.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 Pablo I. Salas R Date 04/06/2021 Daytime Phone # 407-773-8741

Typed or printed name of signing authorized representative/member Pablo Salas