L18000141412

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
L18000141412

CR2E041 (1/14)

2. Principal Office Address (No P.O. Box #)	3. Mailing Office Address
20901 San Simon Way	
Suite, Apt #, etc #103	Suite, Apt #, etc
City & State Miami FL	City & State
Zip 33179 / Country US	Zip / Country

4. State/Country of Formation: FL US
5. Date Organized or Qualified To Do Business in Florida: 02/17
6. FEI Number: 83-2217145 — ☐ 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: Nkechi Thompson
Street Address (P.O. Box Number is Not Acceptable) Suite,
Apt #, etc: 20101 San Simon Way #103
City: Miami State: FL Zip Code: 33179

#83221745
800370801918
07/28/21--01017--010 **416.25
800370801918
07/28/21--01017--011 **100.00

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: _____ (REGISTERED AGENT MUST SIGN) Date: 6/25/21

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
CEO	Nkechi Thompson		

11. E-mail Address: nkechithompson@hotmail.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 605.0017, 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: 6/28/21 Daytime Phone #: 786717[illegible]365

Typed or printed name of signing authorized representative/member: _____