PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

20 JAN 25 AM 7:52

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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01/23/20--01025--019 **577.50

CR2E041 (1/14)

DOCUMENT # L18 251316

1. Limited Liability Company's Name: Ficklle Haus LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
31 Hub Lane	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Inlet Beach, FL	City & State:
Zip: 32461 Country: USA	Zip: Country:

4. State/Country of Formation: FL/USA
5. Date Organized or Qualified To Do Business in Florida: 10/30/2018
6. FEI Number: 83-2303792 ☑ 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: Ashley Weeks / Ashley DeJohn
Street Address (P.O. Box Number is Not Acceptable) Suite: 31 Hub Lane
Apt. # Etc.
City: Inlet Beach State: FL Zip Code: 32461

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: 1/15/20

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
owner	Ashley Weeks	307 Coconut Grove Ct	PCB, FL 32407
owner	Ashley DeJohn	315 Coral Gables St	PCB, FL 32407

11. E-mail Address: ficklehaus@gmail.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: 1/15/20 Daytime Phone #: 850-303-3549

Typed or printed name of signing authorized representative/member: Ashley Weeks

JAN 24 2020