PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800452882458
06/13/25--01015--

CR2E041 (1/14)

DOCUMENT # L19000114059

1. Limited Liability Company's Name
Great Leaf LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1127 N Andrews Ave	5965 Stirling Road
Suite, Apt #, etc.	Suite, Apt #, etc. Unit # 5199
City & State: Fort Lauderdale	City & State: Davie FL
Zip: 33311 Country: USA	Zip: 33314 Country: USA

4. State/Country of Formation: FL USA
5. Date Organized or Qualified To Do Business in Florida: 4/25/2019
6. FEI Number: 88-0921866 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

FILED
2025 JUN 13 PM 12: 27
SECRETARY OF STATE
TALLAHASSEE, FL

8. Name and Address of Current Registered Agent

Name: Joshua Wagschal
Street Address (P.O. Box Number is Not Acceptable) Suite: 1127 N Andrews
Apt. #, Etc
City: Fort Lauderdale State: FL Zip Code: 33311

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] Date: 6/10/25
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 ~~Mngr~~	Joshua Wagschal	1127 N Andrews Ave	Fort Lauderdale, FL 3331

BM/RV

11. E-mail Address: Joshwagschal@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: 6/10/25 Daytime Phone #: 3057203209

Typed or printed name of signing authorized representative/member: Joshua Wagschal