LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#	L1900018577	1
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Limited Liability Company's Name

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					JUL 0 6 2022	
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Jam Roxanne 9	Pilkinton			Jackson	17. die	
Titles Authorized Represent Managers		Street Address of Each Authorized Representati Manager		City / State / Zip		
10 Names and Street Addresses of Authorized	<u> </u>					
9. I, being appointed the registered agent of the Signature of Registered Agent	ne above named limited liab		and accept the obligations		ממז	
Sacksonville		State Zip Code FL S2210			∺. •==/ ധ ——————————————————————————————————	
ADI = Elic					PR	
Street Accress (P.O. Box Number is Not Acceptable) Suite.				-77	74 7 7.4	
Name Roxanic Pilkinten				1644 - 17 - 184	JUH 24	
8. Name and Ad	dress of Current Register	ed Agent		चुराने ३ ३	72 J	
Zip Country WS	Zip	Country	7. CERTIFICATE OF	STATUS DESIRED (55.00 A	idditional Foe required artificate of status	
32214			6. FEI Numbe		Applied For Not Applicable	
State State	City & State		To Do Busine	ess in Florida O7/18	13010	
1064 Halifage Rd Same Suite Apt #, etc. Suite, Apt #, etc.			F D-1- 0	5. Date Organized or Qualified		
1064 Hal Sapld	Sam	L		4. State/Country of Formation		
Principal Office Address - No P.O. Box # 3. Mailing Office Address				CR2E041 (1/14)		
			97.428	<u> - 22 - 81992 - 925</u>	***************************************	
KOY-annes 111/10/10/10/10				07/13/2201002005 **277.55		

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 filling 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 lees 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 telony as provided for in s. 817,155, F.S.

Signature of authorized representative/member _

U/20/22 Daytime Phone # 904-349-7904

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE REGISTRATION SECTION AT (850) 245-6051

- Block 1 Enter the limited liability company's document number and name. The name of the limited liability company cannot be changed by way of this application. The name may be changed by filing an amendment with our Registration Section. Please call the Registration Section at (850) 245-6051 for information on filing a name change.
- Block 2 Enter the limited liability company's principal place of business address. (A post office box is not acceptable)
- Block 3 Enter the limited liability company's mailing address. (A post office box is acceptable)
- Block 4 Enter state or country, if other than U.S., under the laws of which entity was formed.
- Block 5 Enter the date organized or qualified with this office.
- Block 6 Enter your Federal Employer Identification (FEI) Number or check the appropriate box. If "APPLIED FOR" was previou reported, you must now provide the FEI number or attach a photocopy of your application for the FEI number to this for or this application will be rejected. FEI numbers are not assigned by the Division of Corporations. For assistance with numbers, call the IRS at (800) 829-4933.
- Block 7 Your cancelled check will be your filing acknowledgement unless a certificate of status is requested in Block 7 and an additional \$5.00 is submitted to cover its fee. Certificates of status will be mailed to the limited liability company's mailir address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed
- Block 8 Section 605.0113, Florida Statutes, requires all foreign and domestic limited liability companies to continuously maintai a registered agent and registered office in this state. The business office of the registered agent must be the same as t registered office pursuant to section 605.0113, Florida Statutes, and the registered office must a Florida street address.
- Block 9 The designated registered agent must indicate familiarity with Chapter 605, F.S., and acceptance of its obligations and this appointment by completing and signing Block 9. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERE AGENT in accordance with section 605.0715 and 605.0113, F.S. If the registered agent does not sign, the application will be rejected
- Block 10

Enter the name, title and street address of each manager or authorized representative. Use the following abbreviations MGR = Manager; and AR = Authorized Representative, MGR- A person outside the company who will manage the company AR- A person who is a member and also manages the company. Attach additional sheets if necessary. Enter entity's e-mail address. This will be used for future annual report notices.

Block 11

Enter the entity's e-mail address. This should be used for future annual report notices.

Block 12

Block 12 must be signed by current authorized representative or manager listed in Block 10 or an attachment. If the limited liability company is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

FEES: Reinstatement Fee.....\$100.00

Annual Report Fee......\$138.75 (For each year or a part of a year dissolved)

Minimum Amount Due.....\$238.75

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

COURIER SERVICE ADDRESS:

INTERNET ADDRESS: Registration Section www.sunbiz.org The Centre of Tallahassee 2415 N. Monroe Street, Ste. 810

Phone: (850) 245-6051

Tallahassee, FL 32303

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