PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

SECRETARY OF S
DIVISION OF CORPOR

2020 DEC 18 PM 1

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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12/18/20--01012--023 **238.7

DOCUMENT # L19000229720

1. Limited Liability Company's Name
EPOXY OPS LLC.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6310 26th Way N.	6310 26th Way N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St Petersburg, FL	City & State: Ft Petersburg, FL
Zip: 33702 Country: Pinellas	Zip: 33702 Country: Pinellas

4. State/Country of Formation: Florida / Pinellas

5. Date Organized or Qualified To Do Business in Florida: 11Sep 2019

6. FEI Number: 84-3203365 ☐ 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: Karen Leveritt

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 1611 WC 48

City: Bushnell | State: FL | Zip Code: 33513

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: Karen L Leveritt — REGISTERED AGENT MUST SIGN — Date: 12-15-20

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
AR	Leonard Rickard	6310 26th Way N.	St. Petersburg, FL
AR	Ryan Martin	6310 26th way N.	St. Petersburg, FL
			DEC 18 2020
	REINSTATEMENT		R. HUNT

11. E-mail Address: EPOXY.OPS.LLC@gmail.com
(FHSs 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: 19NOV2020 Daytime Phone #: (727)254-6754

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