PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

21 FEB 26 PM 3:06

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02/25/21--01008--006 **238.75

CR2E041 (1/14)

DOCUMENT # L20000068128

1. Limited Liability Company's Name
700 House, LLC.

2. Principal Office Address - No P.O. Box #
130 N. Cherry St
Suite, Apt #, etc
Starke, FL
City & State
Zip 32091 Country USA

3. Mailing Office Address
130 N. Cherry St.
Suite Apt #, etc
City & State
Starke, FL
Zip 32091 Country USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florica

6. FEI Number 04-4999325 ☐ 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
Rebecca M Uribe
Street Address (P.O. Box Number is Not Acceptable) Suite,
130 N. Cherry St.
Apt #, Etc.
City
Starke
State FL Zip Code 32091

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 Rebecca M Uribe Date 2/19/2021
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
Owner	Rebecca Uribe	130 N. Cherry St	Starke, FL 32091

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11. E-mail Address zoohouzellc.starke@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 Rebecca M Uribe Date 2/19/21 Daytime Phone # (904) 794-2468