PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
THE ASPEN COMPANY INT., LLC

PM 3:22

DOS-4500452 48954432755
DEPOSIT ONLY 52.50
08/21/24--01012 005

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
93 APPIAN WAY	93 APPIAN WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALM DESERT, CA	City & State: PALM DESERT, CA
Zip: 92211 Country: USA	Zip: 92211 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 05/05/2020

6. FEI Number: ☑ 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: Universal Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite:
1317 California Street

Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32304

000435162020
08/21/24--01012--006 **680.00

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 _____ Date 06/10/2024

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
AMBR	Michael Johnston	93 APPIAN WAY	PALM DESERT, CA 92211
	REINSTATEMENT		
	08/21/24		

11. E-mail Address: michael@theaspencompany.co

(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 /S/ Michael Johnston Date 06/10/2024 Daytime Phone # 855-236-9172

Michael Johnston