PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

2021 Dec 31 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
L20000240248

400378942564
01/04/22--01034--008 **238.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8622 Ridgemer CT	8622 Ridgemer CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32818 Country: US	Zip: 32818 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 08/07/2020

6. FEI Number: 85-2410928 ☑ 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: Evelyne Francois

Street Address (P.O. Box Number is Not Acceptable) Suite:
8622 Ridgemer Court

Apt. #, Etc.

City: Orlando | State: FL | Zip Code: 32818

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: 11/7/21

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	Evelyne Francois	8622 Ridgemer Court	Orlando/FL/32818

REINSTATEMENT

DEC 31 2021

R. HUNT

11. E-mail Address: fevelyne789@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: 11/7/21 Daytime Phone #

Typed or printed name of signing authorized representative/member