PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 DEC 21 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FL

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12/21/21--01018--004 **238.75

DOCUMENT # L20000362601

1. Limited Liability Company's Name
FERN LEAF PROPERTIES LLC

OR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
334 SW 13 STREET	334 SW 13 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE FL	City & State: FORT LAUDERDALE FL
Zip: 33315 Country: US	Zip: 33315 Country: US

4. State/Country of Formation: FLORIDA US

5. Date Organized or Qualified To Do Business in Florida: 11/16/2020

6. FEI Number: 85-4146026 ☐ 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: NICOLA TOPPING

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 334 SW 13 STREET

City: FORT LAUDERDALE State: FL Zip Code: 33315

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: N Topping Date: 12/13/21
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	NICOLA TOPPING	334 SW 13 STREET	FORT LAUDERDALE FL 33315
			W. LAWRENCE
			DEC 21 2021

11. E-mail Address: KIJORO @AOL.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: N Topping Date: 12/13/21 Daytime Phone #: 954 574 0081

Typed or printed name of signing authorized representative/member: