

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2023 MAR 17 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/17/23--01002--018 **138.75

DOCUMENT # L21000118067

1. Limited Liability Company's Name
E2HEARTS, LLC

CR2ED41 (1/14)

2. Principal Office Address - No P.O. Box # 3900 HAVERHILL ROAD		3. Mailing Office Address 3900 HAVERHILL ROAD	
Suite, Apt. #, etc. 220652		Suite, Apt. #, etc. 220652	
City & State WEST PALM, FL		City & State WEST PALM BEACH, FL	
Zip 33417-9998	Country	Zip 33417-9998	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 3/12/21	
6. FEI Number 86-3636458	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name CAROLYN SALAS	
Street Address (P.O. Box Number is Not Acceptable) Suite. 3900 HAVERHILL ROAD	
Apt. #, Etc. 220652	
City WEST PALM BEACH	State Zip Code FL 33417-9998

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 *Carolyn Salas* Date **3/13/2023**
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
AR	BANCROFT WRIGHT	3900 HAVERHILL ROAD #220652	WEST PALM BEACH, FL 33417
AR	CAROLYN SALAS	3900 HAVERHILL ROAD #220652	WEST PALM BEACH, FL 33417

11. E-mail Address _____

(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 *Carolyn Salas* Date **3/13/23** Daytime Phone # **770-885-0969**

Typed or printed name of signing authorized representative/member _____