PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2023 FEB 23 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FL

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DOCUMENT # L21000309527

1. Limited Liability Company's Name

927 Fern Street Holdings LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
755 Monroe Rd	755 Monroe Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
suite 470211	Suite 470211
City & State	City & State
Lake Monroe	Lake Monroe
Zip / Country	Zip / Country
32747 / U.S	32747 /

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business In Florida: 02/08/2022

6. FEI Number: 87-1901386 ☐ 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: MOE RAZA

Street Address (P.O. Box Number is Not Acceptable) Suite: 755 Monroe Rd

Apt. #, Etc.: Suite 470211

City: Lake Monroe | State: FL | Zip Code: 32747

REINSTATEMENT 2023

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 2/17/23
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	MOE RAZA	755 Monroe Rd	Lake Monroe Fl 32747

FEB 23
M. WILLIAMS

11. E-mail Address: moemusleem@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 _____ Date 2/17/23 Daytime Phone # 407 445 7779

Typed or printed name of signing authorized representative/member _____