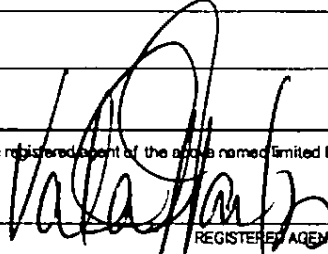
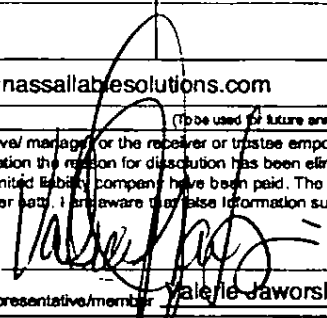


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L21000366517 1. Limited Liability Company's Name Unassailable Solutions LLC			
2. Principal Office Address - No P.O. Box # 2883 Landyns Cir Suite, Apt. #, etc.		3. Mailing Office Address PO Box 596 Suite, Apt. #, etc.	
City & State Fernandina Beach, FL		City & State Fernandina Beach, FL	
Zip 32034	Country USA	Zip 32035-0596	Country USA
4. State/Country of Formation FL/USA			
5. Date Organized or Qualified To Do Business in Florida 08/16/2021			
6. FEI Number 47-1981185		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 Valerie Jaworski Street Address (P.O. Box Number is Not Acceptable) Suite, 2883 Landyns Cir Apt. #, Etc. City Fernandina Beach State FL Zip Code 32034			
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 12/20/2022 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	Valerie Jaworski	2883 Landyns Cir	Fernandina Beach, FL 32034
11. E-mail Address: valerie.jaworski@unassailablesolutions.com			
12. I certify that I am an authorized representative/manager for 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 12/20/2022 Daytime Phone # 540-903-3297	
Typed or printed name of signing authorized representative/member Valerie Jaworski		T. WILSON	

FEB 17 2023