PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 [illegible] 18 PM 1:27

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1. Limited Liability Company's Name
Stormz USA LLC

2. Principal Office Address - No P.O. Box #
257 Monkllum Dr

Suite, Apt. #, etc.

City & State
Venice, Fl 34275

Zip: 34275 | Country:

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip | Country

CR2E041 (1/14)

4. State/Country of Formation: Florida USA

5. Date Organized or Qualified To Do Business in Florida: 6/9/2022

6. FEI Number: 88-2845338 ☐ 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: Lance Thompson

Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc.: 2381 NE 14th St #204

City: Pompano | State: FL | Zip Code: 33306

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] REGISTERED AGENT MUST SIGN Date 8/22/2023

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
CEO/Owner	Robert Meyers	4917 Pyrenees Pass Bee Cave, TX 78738	

A. PARISHANI
SEP 18 2023

11. E-mail Address: admin@stormzusa.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 8/22/2023 Daytime Phone # 303 419 9056

Typed or printed name of signing authorized representative/member