

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 SEP 24 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L22000459172

1. Limited Liability Company's Name

Alexandra Deer LLC

2. Principal Office Address - No P.O. Box #

725 RACINE RD

3. Mailing Office Address

725 RACINE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORANGE CITY, FL

City & State

ORANGE CITY, FL

Zip

32763

Country

United States

Zip

32763

Country

United States

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/25/2022

6. FEI Number

NONE

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

CORPORATE CREATIONS NETWORK, INC.

Street Address (P.O. Box Number is Not Acceptable) Suite,

801 US HWY 1

Apt. #, Etc.

City

NORTH PALM BEACH

State

FL

Zip Code

33408

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

Danielle Gossman
REGISTERED AGENT MUST SIGN

Date 10/03/2024

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
Member	CHRISTINE DEER	725 RACINE RD	ORANGE CITY, FL 32763

11. E-mail Address partnerships-govdocs@corpcreations.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

Christine Deer

Date

10/03/2024

Daytime Phone #

561-694-8107

Typed or printed name of signing authorized representative/member

Estrella Tavarrez

SEP 24 2024

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 09/23/2024

****WALK IN****

ENTITY NAME Alexandra Deer LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$?? _____

ACCOUNT #: I20160000072

S. R. J. / M

Please call Tina at the above number for any issues or concerns. Thank you so much!