PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2024 SEP 17 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FL

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09/17/24--01028--001 **238.75

DOCUMENT # L23000118029

1. Limited Liability Company's Name

Wynwood Farmers Market LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1424 NE Miami Place	1424 NE Miami Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Unit 1402	Unit 1402
City & State	City & State
Miami, FL	Miami, FL
Zip / Country	Zip / Country
33132 / USA	33132 / USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ 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: Kyle Hazlewood

Street Address (P.O. Box Number is Not Acceptable) Suite: 1424 NE Miami Place

Apt. #, Etc: Apt 1402

City: Miami | State: FL | Zip Code: 33132

REINSTATEMENT 2024

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 _____ REGISTERED AGENT MUST SIGN Date 9/10/24

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
AMBR	Kyle Hazlewood	1424 NE Miami Pl Apt. 1402	Miami, FL 33132
AMBR	Courtney Bower	1424 NE Miami Pl Apt 1402	Miami, FL 33132

SEP 17 2024
M. WILLIAMS

11. E-mail Address: Kyle@opusendeavours.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 9/10/24 Daytime Phone # 786-239-5363

Typed or printed name of signing authorized representative/member Kyle Hazlewood