1052

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DEC 16 PM 8:29

TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M13000001068

1. Limited Liability Company's Name
LiveSmart 360, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6311 Porter Road	6311 Porter Road
Suite, Apt. #, etc. Suite 11	Suite, Apt. #, etc. Suite 11
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34240 Country USA	Zip 34240 Country USA

4. State/Country of Formation
Delaware/USA

5. Date Organized or Qualified To Do Business in Florida
February 15, 2013

6. FEI Number
90-0778703
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒
$30.00 additional fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.

Suite, Apt. #, Etc.
Suite 250

City: Plantation | State: FL | Zip Code: 33324

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: Madonna Cuddihy Date: 12-15-14

REGISTERED AGENT MUST SIGN Special Assistant Secretary

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
MGRM	Charles Hallberg	3500 Rum Road	Naples, FL 34102

11. E-mail Address:
(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 requirements of section 605.0112, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Date: 12/15/14 Daytime Phone #: 941-371-1010

Typed or printed name of signing Authorized Representative/Manager: Charles Hallberg

FL110 - 01/29/2014 Wolters Kluwer Online

K. ASHTON

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
LIVESMART 360, LLC

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