PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2024 MAR 29 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300425763013
03/29/24--01001--006 **1210.00

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M13000002936

1. Limited Liability Company's Name
Twilight Research LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1970 Michigan Ave	Same
Suite, Apt. #, etc. Bldg D	Suite, Apt. #, etc. Same
City & State Cocoa, FL	City & State Same
Zip 32922 Country US	Zip Same Country FL

4. State/Country of Formation Florida / US

5. Date Organized or Qualified To Do Business In Florida 2013

6. FEI Number 46-2762251 ☐ 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: Thomas H. Yardley

Street Address (P.O. Box Number is Not Acceptable) Suite: 1970 Michigan Avenue

Apt. #, Etc.: Bldg D

City: Cocoa State: FL Zip Code: 32922

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: Thomas H. Yardley Date: 11 March 2024
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	Thomas H. Yardley	1970 Michigan Avenue Bldg. D	Cocoa, FL 32922
MGR	Ronald M. Cole, II	9016 Horton Mill Drive	Knightdale, NC 27545

L. BROWN

11. E-mail Address: tomyardley@gmail.com MAR 29 2024
(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: Thomas H. Yardley Date: 11 March 24 Daytime Phone #: 321-633-0400

Typed or printed name of signing authorized representative/member

CORPORATE ACCESS, INC.

When you need ACCESS to the world

236 East 6th Avenue. Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 3/28

	CERTIFIED COPY	
XX	PHOTOCOPY	
	GS	
XX	FILING	REINSTATEMENT

1. TWILIGHT RESEARCH LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

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SPECIAL INSTRUCTIONS: _____