PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2017

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 DEC -5 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/05/17--01047--011 **238.75

DOCUMENT # M16000008702

1. Limited Liability Company's Name
Amity Property Solutions, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2962 Kirk RD	2962 Kirk RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Worth, FL	City & State: Lake Worth, FL
Zip: 33461 Country: USA	Zip: 33461 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: NV

5. Date Organized or Qualified To Do Business in Florida: 10/31/2016

6. FEI Number: 81-4200366 ☐ 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: Registered Agents Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite:
3030 N. Rocky Point Drive

Apt. #, Etc:
STE 150A

City: Tampa State: FL Zip Code: 33607

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: Bill Havre Bill Havre, Assistant Secretary Date: 11/27/2017

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
MGR	Christian Newsome	2962 Kirk RD	Lake Worth, FL 33461
MGR	Leolen Newsome	2962 Kirk RD	Lake Worth, FL 33461

11. E-mail Address: lnewsomo@amitypropertysolutions.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: Leolen Newsome Date: 10/5/17 Daytime Phone #: 561-628-9840

Typed or printed name of signing authorized representative/member: Leolen Newsome

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