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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CR2E041 (3/14)

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		City & State	
Lake Worth, FL		Lake Worth, FL	
Zip	Country	Zip	Country
33461	USA	33461	USA

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	State	Zip Code
Tampa	FL	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 lnewsome@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 Date 10/5/17 Daytime Phone # 561-628-9840

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

K. ASHTON