PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2021 MAY 20 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100386672681
05/20/21--01001--003 **377.50

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M18000002153

1. Limited Liability Company's Name

WORDSMITH OF Rapides, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1871 Lakeview Dr	1871 Lakeview Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sebring, FL	City & State: Sebring, FL
Zip: 33870 Country: USA	Zip: 33870 Country: USA

4. State/Country of Formation: Louisiana USA

5. Date Organized or Qualified To Do Business in Florida: 3.1.2018

6. FEI Number: 01-0835920 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: JASON TUDOR

Street Address (P.O. Box Number is Not Acceptable) Suite:
1871 Lakeview Drive

Apt. #, Etc.

City: Sebring State: FL Zip Code: 33870

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: J Tudor Date: 5.18.2021
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	JASON TUDOR	1871 Lakeview ~~Sebring~~	Sebring, FL 33870

11. E-mail Address: JASONWTUDOR@GMAIL.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: J Tudor Date: 5.16.2021 Daytime Phone #: 225 326 3058

Typed or printed name of signing authorized representative/member:

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/19/2021

NAME: WORDSMITH (OF RAPIDES), LLC

TYPE OF FILING: REINSTATEMENT

COST: 377.50 - CHECK ATTACHED

RETURN: PLAIN COPY PLEASE

2021 MAY 19 PM 2:45
TALLAHASSEE, FLA.

~~ACCOUNT: FCA0000015~~

~~AUTHORIZATION: [illegible]~~
