

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


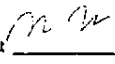
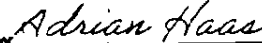
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2E041 (1/14)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> M21000011224		1. Limited Liability Company's Name <b>3811 UNIVERSITY HOLDINGS LLC</b>			
2. Principal Office Address - No P.O. Box # <b>438 CENTRAL AVE</b>		3. Mailing Office Address <b>438 CENTRAL AVE</b>		4. State/Country of Formation <b>DELAWARE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida <b>08/25/2021</b>	
City & State <b>CEDARHURST, NY</b>		City & State <b>CEDARHURST, NY</b>		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>11516</b>	Country <b>USA</b>	Zip <b>11516</b>	Country <b>USA</b>	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent					
Name <b>FILE RIGHT RA SERVICES LLC</b>					
Street Address (P.O. Box Number is Not Acceptable) Suite, <b>625 E TWIGGS ST, STE 110</b>					
Apt. # Etc.					
City <b>TAMPA</b>	State <b>FL</b>	Zip Code <b>33602</b>			
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 				Date <b>04/10/2024</b>	
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	ADRIAN HAAS	466 CENTRAL AVE.		CEDARHURST, NY 11516	
				<b>M. MOON</b>	
				<b>APR 24 2024</b>	
11. E-mail Address: <b>SALES@FILEACORP.COM</b> <small>(To be used for future annual report notifications)</small>					
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 <b>04/10/2024</b> Daytime Phone # <b>718-878-5811</b>	
Typed or printed name of signing authorized representative/member <b>ADRIAN HAAS</b>					