PLEASE READ ALL INSTRUCTIONS REFORE COMPLETINGTHIS FORM

	MEAD ALL	. INSTRUCTIONS B	EFORE COM	TLETING	311 113 COKMI	FILE	D	
LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTI Secretary of S DMSION OF CORP	State			APR 24 / URETARY (LAHASSEE		
DOCUMENT #	M21000011	224			,			
1. Limited Liability Company's Name	3811 UNI	VERSITY HOLDING	SHC	1				
					2004; 04/24/240	28531 1013-011	∃3 <u>2</u> ₩377.90	
2. Principal Office Address - No P.O. Box#		3. Mailing Office Address			CR2E041 (1/14)			
438 CENTRAL AVE		438 CENTRAL AVE			4. State/Country of Formation: DELAWARE			
Suite, Apl. 9, etc.		Suite, Apt. #, etc.		5.	Date Organized or Qualified To Do Bushess In Florida	08/25/202	·	
City & State		City & State						
CEDARHURST, NY		CEDARHURST, NY		6.	FEI: Number	Ŷ	Applied For	
Zip Country		Zip	Country	7.		\$5.00 Addition	al Fee required e of status	
11516 USA		11516	USA		CERTIFICATE OF STATUS DESIRED	lor a certificat	e of status	
8, Name	and Address o	f Current Registered Ager					į	
Name FILE RIGHT RA SERVICES LLC								
Street Address (P.O. Box Number is Not Acceptable) Suite. 625 E TWIGGS ST, STE 110								
Apt. 8, Etc.								
TAMPA			FL 33602					
9. Ubeing appointed the registered as	ent of the above	e named limited liab-lity comp	eny, am familiar with	and accept 1	ne obligations of Chapter 605, I	F.S.		
Signature of A W Registered Agent Must sign								
			<u>-</u>					
10. Names and Street Addresses of Auth		ntatives/Managers		-4.5				
Titles Name National	Street Address of Each Authorized Representati Manager			City/State/Zip				
MGR ADRIAN HAAS		466 CENTRAL AVE.			CEDARHURST, NY 11516			
	 -					 М.	MOON	
							2 4 2024	
11, E-mail Address: SALES@FILE	ACORP.C							
12. I certify that I am an authorized representify that when filing this reinstateme 505.0012, F.S., and that all fees owed anali have the same legal effect as if n felony as provided for in s. 817.155, F. Storehure of authorized convenentative.	nt application the by the limited lineade under oath S.	anager or the receiver or true he reason for dissolution has lability company have been	peen eliminated, it paid. The information mation submitted in	execute this ne limited light in indicated of a document	oility company name satisfies to on this application is true and a	the requirement of a accurate, and my si postitules a third de	section gnature gree	

Typed or printed name of signing authorized representative/member ADRIAN HAAS

-Dato 04/10/2024 Daytime Phone # 718-878-5811