ELLEN

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:		
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	14 NOV 25 111 5: 50 SECON: MALY OF STATE TALL MILES TO SECONDA
DOCUMENT # POTO	100020304	
Jeff Cuddyf	C	- CR2E041 (1/14)
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified
City & State	City & State	To Do Business in Floride
Orlando Fla	Orlando +1m	6. FEI Number 593365917 Applied For Not Applied
32833 WS \$	Zip Country U.S.A	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
Name and Address of Current Registered Agent		
Name Jeff Cuddy		1100266007700
Street Address (P.O. Box Number is Not Acceptable)		000266887700 11/25/1401002024 **945.0
Suite, Apt. #, Etc.		,000256887700_
City Orlando FI	State Zip Code FL 30833	10/08/1401015010 🐝105.0
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	REGISTERED AGENT MUST SIGN	Date 11-21-14
10. Names and Street Addresses of Authorized Representatives/Managers		
Titles Name of Authorized Representative Managers	Street Address of Ead	
D JEFF Cudar		ie Dr Olando Fla, 32833
	REINSTA	ATEMEN ZO12-2014
DEC -3 2014		2012 6014
L. SELLERS		WHOT
L. Offichales V	-	
11. E-mail Address: Jeff Cody 1976 At Glail. Com		
(To be used for future annual lopoit hotifications)		

Custy nata /1.21-14 na

Authorized Representative/Manager

when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012. F.S., and

when many one remeatering appreciator are reason for dissolution has been similared, the immediation 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date 11.11-111 Destrime Phone #11/157 1/1712-1112