

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR -6 PM 3:51

DOCUMENT #

1. Limited Liability Company's Name
L10000057917

Made to order llc

CR2E041 (1/14)

| | | | |
|--|-----------------------|---|-----------------------|
| 2. Principal Office Address - No P.O. Box # 1920 tigertail | | 3. Mailing Office Address 1920 tigertail blvd | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Dania beach FL | | City & State Dania beach FL | |
| Zip 33004 | Country usa | Zip 33004 | Country usa |

4. State/Country of Formation
FL/ USA

5. Date Organized or Qualified To Do Business in Florida
05/27/2010

6. FEI Number
273418891

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Applied For |
| <input type="checkbox"/> | 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
Zachary Schwartz

Street Address (P.O. Box Number is Not Acceptable)
9405 nw 72nd ct

Suite, Apt. #, Etc.

| | | |
|------------------------|--------------------|--------------------------|
| City tamarac | State FL | Zip Code 33321 |
|------------------------|--------------------|--------------------------|

300257490833
03/06/14--01003--007 **238.75

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 *[Signature]* Date 2/26/14
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 |
|-----------------|---|--|--------------------|
| managing member | Jody Schwartz | 9405 nw 72nd ct | tamarac fl 33321 |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address: mtocatering@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 608, 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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager *[Signature]* Date 2/26/14 Daytime Phone # 954-234-2327

Typed or printed name of signing Authorized Representative/Manager Zachary Schwartz