

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
19 JUL 31 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000030486

1. Limited Liability Company's Name
MAZAKA ENTERPRISE, LLC

KS

REINSTATEMENT 2016-2019

2. Principal Office Address - No P.O. Box #
2420 NW 102 WAY

3. Mailing Office Address
2420 NW 102 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL 33026

City & State
PEMBROKE PINES, FL 33026

Zip
33026

Country
BROWARD

Zip
33026

Country
BROWARD

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida
03/12/12

6. FEI Number
45-4689955

Applied For
 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
TONY, BENITA J

Street Address (P.O. Box Number is Not Acceptable) Suite
40 NE 215TH ST

Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33179

600332652856
07/31/19--01005--013 **\$80.00

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

DocuSigned by:
Benita J Tony
84A13124E5AE40F...

Date 7/30/2019

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
owner	FRANTZ CADET	2420 NW 102 WAY	PEMBROKE PINES, FL 33026

11. E-mail Address: blanc509@yahoo.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

DocuSigned by:
Benita J Tony

Date 7/30/2019

Daytime Phone # 305-755-2218

Typed or printed name of signing authorized representative/member
CDB096D84C4A468

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INC.**

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WALK IN

PICK UP:

7/30/19

CERTIFIED COPY

PHOTOCOPY

CUS

FILING

Reinstatement

1. Mazaka Enterprise, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. File 2nd
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

19 JUL 31 AM 11:10

SPECIAL INSTRUCTIONS:

