

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 OCT 23 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000191871
1. Limited Liability Company's Name
Mad IV LLC

2. Principal Office Address - No P.O. Box #
430 3rd Ave S
Suite, Apt. #, etc.
279
City & State
St Pete FL
Zip Country
33701

3. Mailing Office Address
430 3rd Ave S
Suite, Apt. #, etc.
279
City & State
St Pete FL
Zip Country
33701

CR2E041 (1/14)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
12-17-2014

6. FEI Number
47-2613689 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
Michael E. Harris
Street Address (P.O. Box Number is Not Acceptable) Suite,
430 3rd Ave S
Apt. #, Etc.
279
City State Zip Code
St Petersburg FL 33701

600278424466
10/23/15--01024--017 **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 Michael E Harris Date 10-20-15
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
UGR	Michael Harris	430 3rd Ave S #279	St Pete FL 33701
UGR	Danyelle Paul	"	"
UGR	Allyson Roberts	"	"

REINSTATEMENT
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11. E-mail Address: meharris61@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 Michael E Harris Date 10-20-15 Daytime Phone # 707 422 8348
Typed or printed name of signing authorized representative/member