

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 24 PM 3:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L00000007324**

1. Limited Liability Company's Name

John R Mader & Associates LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

3351 N. Monroe St.

Suite, Apt. #, etc.

3. Mailing Office Address

3351 N. Monroe St.

Suite, Apt. #, etc.

#

City & State

Tallahassee FL

City & State

Tallahassee

Zip

32303

Country

USA

Zip

FL

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59 365 36 33

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

John R Mader

Street Address (P.O. Box Number is Not Acceptable)

3608 Westmoreland Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

John R Mader
REGISTERED AGENT MUST SIGN

Date

8/24/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	John R Mader	3608 Westmoreland Dr.	Tallahassee FL 32303

600159892586

08/25/09--01001--005 **555.00

REINSTATEMENT

06-09

11. I certify that I am managing member/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 608.406, 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.

Signature of
Managing Member/Manager

John R Mader

Date

8/24/09

Daytime Phone #

850-509-4800

Typed or printed name of signing Managing Member/Manager

John R Mader