

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 12 PM 1:37

DOCUMENT # L 000000 12945

1. Limited Liability Company's Name

MDC, LLC

2. Principal Office Address

2124 NW 2nd Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Wilton Manors

City & State

FL.

Zip Country

33311 Broward

4. State/Country of Formation

Broward, FL.

5. Date Organized or Qualified
To Do Business in Florida

10/23/2000

6. FEI Number

65 098 7550

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

MATTHEW L. Eicholz

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

2124 NW 2nd Ave.

Suite, Apt. #, Etc.

City

Wilton Manors

100004729361-7

-12/17/01--01093--006

****150.00 ****150.00

State
FL

Zip Code

33311

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

Matthew L. Eicholz

REGISTERED AGENT MUST SIGN

Date 12/9/01

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

Manager MATTHEW L. Eicholz 2124 NW 2nd Ave Wilton Manors FL 33311

Rin 100
UBR 50
150.00

REINSTATEMENT 2001

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

Matthew L. Eicholz

Date

12/10/01

Daytime Phone #

954-568-0450

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)