

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 28 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012945

1. Limited Liability Company's Name

MDC, LLC

2. Principal Office Address

2124 NW 2nd Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wilton Manors, FL

City & State

Zip

33311

Country

USA

Zip

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

10/23/00

6. FEI Number

65-0987550

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. Eicholtz

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

2124 NW 2nd Avenue

Suite, Apt. #, Etc.

City

Wilton Manors

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. Eicholtz

Date

REGISTERED AGENT MUST SIGN

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
MGRM	Matthew L. Eicholtz	2124 NW 2nd Avenue	Wilton Manors, FL 33311

300038318953

06/28/04--01053--005 **250.00

REINSTATEMENT

02-04

Handwritten signature

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. Eicholtz

Date

6/8/04

Daytime Phone #

954-491-1414

Typed or printed name of signing Managing Member/Manager

Matthew L. Eicholtz

X123

CP2E041 (10/02)