PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 SEP -2 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005332

1. Limited Liability Company's Name
MARK MEYERS RESIDENCE LLC

2. Principal Office Address	3. Mailing Office Address
1802-N. UNIVERSITY Dr	1802 - N. UNIVERSITY Dr
Suite, Apt. #, etc. #226	Suite, Apt. #, etc. #226
City & State PLANTATION	City & State PLANTATION
Zip 33322 Country USA	Zip 33322 Country USA

4. State/Country of Formation FLORIDA USA
5. Date Organized or Qualified To Do Business in Florida 3rd April 2001
6. FEI Number 651095330 ☐ 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: GERGORY A. MARTIN ESQ.
Street Address (P.O. Box Number is Not Acceptable): 2601 - SOUTH BAYSHORE Dr.
Suite, Apt. #, Etc: #1600
City: MIAMI. State: FL Zip Code: 33133.

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: [signature] REGISTERED AGENT MUST SIGN Date: 6 Aug 05

CR2E041 (10/02)

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
MGR	SAVITA KEZERLE	1802-N. UNIVERSITY Dr. #226.	PLANTATION FL 33322.
M	SAVITA KEZERLE	1802. N. UNIVESITY Dr #226.	PLANTATION FL 33322.
Mg	MARK MEYERS.	1802. N. UNIVERSITY Dr #226	PLANTATION FL 33322.

000595181
09/13/05 01061 016 **750.00
REINSTATEMENT 2005-2006

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: [signature] Date: 6 Aug 05 Daytime Phone #: 518-466 9972

Typed or printed name of signing Managing Member/Manager: SAVITA KEZERLE