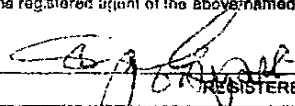
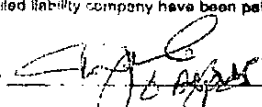


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name MARK MEYERS RESIDENCE LLC		FILED 05 SEP -2 AM 11:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Office Address 1802-N. UNIVERSITY DR. Suite, Apt. #, etc. #226 City & State PLANTATION Zip 33322 Country USA		3. Mailing Office Address 1802-N. UNIVERSITY DR. Suite, Apt. #, etc. #226 City & State PLANTATION 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 851095330 Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required (this Certificate of Status)					
B. 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					
C. I, being appointed the registered agent of the abovesaid limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  Date 6 August REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MR	SAVITA KEZERLE	1802-N. UNIVERSITY DR. #226	PLANTATION FL 33322		
M	SAVITA KEZERLE	1802-N. UNIVERSITY DR. #226	PLANTATION FL 33322		
M	MARK MEYERS	1802-N. UNIVERSITY DR. #226	PLANTATION FL 33322		
09/13/05-01/06/06 **750.00 REINSTATEMENT 2003-2005 let					
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 608.408, 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  Date 6 August Daytime Phone # 518-466 9972 Typed or printed name of signing Managing Member/Manager SAVITA KEZERLE					

CR20041 (10/02)