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SECRETARY OF STATE
ANASSEE OF STATE

D. BRUCE
JUN 0 8 2012

EXAMINER



ACCOUNT NO. : I2000000195

REFERENCE : 231190

AUTHORIZATION

COST LIMIT

ORDER DATE: June 6, 2012

ORDER TIME : 2:56 PM

ORDER NO. : 231190-015

CUSTOMER NO: 7889578

DOMESTIC FILINGS

NAME: MD & F, LLC

XX	REINSTATEMENT	
2222	KELIND INTERNET	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - Ext# 2920

EXAMINER'S INITIALS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

, с	ED LIAE OMPAN ISTATEN	Y			NDEPAR Secretar Vision of C	y of S	State	TATE			ALLAHASS	12 JUN - 7	
DOCUMENT # L01000008961 1. Limited Liability Company's Name								EF. FLO	PHI	O			
MD & F, LLC								RIOA	7 0				
•		ess - No P.O.		3. Mailing (Office Addres	SS				CR2	PE041 (1/11)		
1ZU1 F Suite, Apt. #	<u> </u>	STREET		Suite, Apt. #	Ant # etc			4. State/Country of Formation FLORIDA					
								5. Date Organized or Qualified To Do Business in Florida 06/05/2001					
City & State	HASSE	E EI		City & State				6. FEI Number Applied For					
Zip	HASSE	Country		Zip	Country		untry		NONE	<u> </u>	822 E	✓ Not App	
32301		LEON							7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee requirements of States				required Status -
8.		Name a	nd Address of C	turrent Registe	red Agent								
Name	Corpor	ation S	ervice C	ompany	•					E-mai	Address:		
	ress (P.O. Bo AYES ST		lot Acceptable)										
Suite, Apt. 1	#, Etc.								occata?@amail.com				
city TALAH	ASSEE					State FL	Zip Co 32301	de	assets8@gmail.com (To be used for future annual report notices)				ices)
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and ac Signature of Registered Agent Living Registered Agent Living Registered Agent Must sign							ccept the obligat	clons of Chapter	608, F.S.	2012			
10. Names	s and Street A	Addresses of f	Managing Mem	bers/Managers									
Titles	Name of Managing Members/Managers			Street Address of Each Managing Member/ Manage			ger City / State / Zip						
Hanaging Months	Robert M. Davis			3424 Power Center Parkwa			Parkway	Lake Charles, LA 70607					
												 	
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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 filling 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 feas 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. I am aware that talse information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.							nd that l effect						
Signature of Managing Member/Manager Date 06/05/2012 Daytime Phone #337-802-5397													
Typed or print	ted name of s	igning Manaç	ing Member/M	anager ROB	ERT M. DA	VIS.		., :					

STATE OF FLORIDA

AFFIDAVIT TO AUTHORIZE USE OF NAME

COUNTY OF POLK

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in and for the state and county aforesaid, and in the presence of the good and competent witnesses, personally came and appeared:

MITCHELL D. FRANKS, a resident of and domiciled in the County of Polk, State of Florida, whose mailing address is 414 Eunice Road, Lakeland Florida, 33803-2618;

MARTHA B. FRANKS, a resident of and domiciled in the County of Park, State of Florida, whose mailing address is 414 Eunice Road, Lakeland Florida, 33803-2618;

who after being duly sworn did state as follows:

Affiants, Mitchell D. Franks and Martha B. Franks are the sole Managing Memers and or sole Members of MDF, LLC, a Florida Limited Liability Company, domiciled in the County of Polk, State of Florida.

Further, that MDF, LLC is presently active and in good standing with the Secretary of State in and for the State of Florida.

Further, that Affiants, Mitchell D. Franks and Martha B. Franks make this affidavit for the purpose of advising the Sccretary of State in and for the State of Florida that Affiants have no objection to the reinstatement of MD&F, LLC, A Florida Limited Liability Company, 3316 NE 14th Court, Fort Lauderdale, Florida 33304.

Affiants, Mitchell D. Franks and Martha B. Franks make this affidavit for the further purpose of advising the Secretary of State in and for the State of Florida that Affiants have no objection to the continued use of the name of MD&F, LLC, A Florida Limited Liability Company.

THUS DONE AND SIGNED at Lakeland, Florida, Louisiana, in the presence of the undersigned competent witnesses, and me, Notary, on this 3/5/day of May 2012.

WITNESSES:

Mitchell D. Franks, Individually and as the Managing Member of MDF, LLC

Martha B. Franks, Individually and as

Member of MDF, LLC

STACEY TVRDIK

Notary Public - State of Florids
My Comm. Expires May 25, 2013
Commission # DD 874119
Ronded Through National Hotary Assn.

Notary Public