- - **d** - - - - - - -

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~:	TELMOLINE NEME	ALL MOTHOUT	10110	DEI ONE C	-	110 1110 1	OT CIVI.		
COMPANY REINSTATEMENT  COMPANY					SECRETARY OF STATE DIVISION OF CORPORATIONS  10 FEB 15 PM 3: 27				
DOCUMENT # L1000001287 φ  1. Limited Liability Company's Name									
Mardem, LLC					0270271001013020-**377.50 CR2E041 (11/09)				
2. Principal Office	Address - No P.O. Box #	3. Mailing Office Address					(11127)		
145 Cit	y Place	145 City Place			4. State/Country of Formation				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Florida  5. Date Organized or Qualified To Do Business in Floride 9/26/2008				
Suite 3	00	Suite 300							
		City & State			6. FEI Number Applied For			Applied For	
Palm Co		Palm Coast, FL			02-0546387 Not Applicable				
Zip 32164	Country USA	Zip 32164	Country US.	A			ditional Fee required ertificate of Status		
	8. Name and Address of	Current Registered Ager	ıt						
Name					□ A \$100	roinetetemen	t faa la imne	and event	
Danielle M. Dahl						☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not			
Street Address (P.O. Box Number is Not Acceptable)					receive the prior notices. By checking this				
145 City Place					box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.				
Suite, Apt. #, Etc. Suite 300									
City State Zip Code									
Palm Coast FL 32164									
9. 1, 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									
Registered Agent	A		Date	12//0					
10. Names and St	reet Addresses of Managing Men	bers/Managers							
Titles	Name of Managing Members/Manage	ers	Street Address of Each Managing Member/Manag						
MGR Wi	William I. Livingston		City	Place,	Ste 300	Palm Co	ast, FL	32164	
REINSTATEMENT 2008-2010					<b>800167769348</b> 02/17/1001001003 <b>**</b> 138.75				
						• • • • • • • • • • • • • • • • • • • •			
				<del></del>					
					•				
11. E-mail Address:ddahl@allete.com									
12. 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 Date Daytime Phone # 386-446-6226									
Typed or printed nan	ne of signing Managing Memb <b>e</b> t/i	Manager I							

## Mardem, LLC

February 12, 2010

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re: Mardem, LLC

To Whom It May Concern:

Enclosed please find a check in the amount of \$138.75 representing the balance due for reinstatement of Mardem, LLC. I have also attached a copy of your correspondence for reference.

Please feel free to call me if you have any questions.

'edure all

Sincerely,

Danielle M. Dahl Real Estate Specialist

**Enclosures** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

## RECEIVED

10 FEB 15 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 3, 2010

MARDEM, LLC 145 CITY PLACE STE 300 PALM COAST, FL 32164

SUBJECT: MARDEM, LLC Ref. Number: L01000012876

We have received your document for MARDEM, LLC and check(s) totaling \$377.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 910A00002837

Division of Compositions DO DOV 6997 Wellshames Elevide 99914