1/52

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000014505

1. Limited Liability Company's Name
MAX H. MATTHES, L.L.C.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
1015 Bayshore Dr.

Suite, Apt. #, etc.

City & State
Terra Cela, FL

Zip
34250

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
OCTOBER 28, 2011

6. FEI Number
50-0003611
☐ 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
Stephen O. Cole

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

Suite, Apt. #, Etc.
Ste 200

City
Clearwater

State
FL

Zip Code
33756

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Stephen O. Cole Date November 10, 2014
Stephen O. Cole REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	Max H. Matthes, III	1015 Bayshore Dr.	Terra Cela, FL 34250
Authorized Rep	Stephen O. Cole	625 Court Street, Suite 200	Clearwater, FL 33756

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Stephen O. Cole Date 11/10/2014 Daytime Phone # 727-441-8966

Typed or printed name of signing Authorized Representative/Manager Stephen O. Cole, Authorized Representative

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
MAX H. MATTHES, L.L.C.

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