

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 31 PM 2:47

OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

DOCUMENT # L01000014505

1. Limited Liability Company's Name

Max H. Matthes, L.L.C.

2. Principal Office Address - No P.O. Box #

1015 Bayshore Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 479

Suite, Apt. #, etc.

City & State

Terra Ceia, FL

City & State

Terra Ceia, FL

Zip

34250

Country

USA

Zip

34250

Country

US

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/27/01

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

Max H. Matthes, III

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

1015 Bayshore Drive

Apt. #, Etc.

City

Terra Ceia

State

FL

Zip Code

34250

700280546287
01/04/16--01008--025 **238.75

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

Max H. Matthes, III
REGISTERED AGENT MUST SIGN

Date _____

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 Drive	Terra Ceia, FL 34250

11. E-mail Address: flarclw@macfar.com

(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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Max H. Matthes, III

Date _____ Daytime Phone # _____

Typed or printed name of signing authorized representative/member Max H. Matthes, III