

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000016126

1. Limited Liability Company's Name

MUTSCHLER MANAGEMENT, LLC

2. Principal Office Address

1712 Greenway Drive

Suite, Apt. #, etc.

City & State

Fredricksburg, VA

Zip

22401

Country

US

3. Mailing Office Address

1712 Greenway Drive

Suite, Apt. #, etc.

City & State

Fredricksburg, VA

Zip

22401

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/20/01

6. FEI Number

59-3744638

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

John J. Agliano

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

201 N. Franklin Street

Suite, Apt. #, Etc.

Suite 2600

City

Tampa

State

FL

Zip Code

33602

9. I, 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 MUST SIGN

Date

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR/M	Lawrence M. Mutschler	1712 Greenway Drive	Fredricksburg, VA 22401

REINSTATEMENT

200042601012
11/09/04--01060--005 **250.00

11. I certify that I am managing member/manager of 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 LAWRENCE M. MUTSCHLER

Date 10-15-04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager