

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000019232

1. Limited Liability Company's Name

MBW, LLC

65

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

1521 Alton Road

Suite, Apt. #, etc.

Suite 426

City & State

Miami Beach, Florida

Zip

33139

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

BK

8. Name and Address of Current Registered Agent

Name

Bradley Knoefler

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

1521 Alton Road

Suite, Apt. #, Etc.

Suite 426

City

Miami Beach

State

FL

Zip Code

33139

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 4/13/2007

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
MGRM	Bradley Knoefler	1521 Alton Road Suite 426	Miami Beach, FL 33139
			800101769739 05/08/07--01008--001 **\$5.00
			REINSTATEMENT 2005-2007
			800101769739 05/08/07--01008--002 **\$5.00

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 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 4/13/2007

Daytime Phone (305) 527-7332

Typed or printed name of signing Managing Member/Manager

Bradley Knoefler

FILED

07 APR 17 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E041 (1/07)

4. State/Country of Formation

FL, Miami-Dade

**5. Date Organized or Qualified
To Do Business in Florida**

11/07/2001

6. FEI Number

651151260

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.