

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 21 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000022601**

1. Limited Liability Company's Name

M Go Blue! L.L.C.

900034413279
04/28/04--01028--038 **205.00
900034413279
04/28/04--01028--037 **50.00

2. Principal Office Address

3609 Madaca Lane

Suite, Apt. #, etc.

3. Mailing Office Address

3609 Madaca Lane

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33618

Country

USA

City & State

Tampa, FL

Zip

33618

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

12/27/2001

6. FEI Number

59-3499850

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

Sam Reiber, I Esq.

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

3821 Henderson Blvd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33629

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/20/04

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.	Richard L. Trzcinski	3609 Madaca Lane	Tampa, FL 33618
Mgr.	Richard L. Miller	3609 Madaca Lane	Tampa, FL 33618

REINSTATEMENT 2002-2004

BK

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

[Signature]

Date

4/19/04

Daytime Phone #

813-933-0629

Typed or printed name of signing Managing Member/Manager

RICHARD L. TRZCINSKI

CR2E041 (10/02)