

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000007409

Name and Mailing Address

0006597 01 AT 0.292 **AUTO T5 0 0615 33149-275599

1121 CRANDON BLVD.

M & H HOLDINGS, LLC

1121 CRANDON BLVD.

E-1002

KEY BISCAVNE FL 33149-2755

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600026880876
01/13/04--01086--005 **205.00



REINSTATEMENT

2. New Mailing Address

328 Crandon Blvd. #109

City, State, Zip

Key Biscayne, FL 33149

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/27/2002

Principal Place of Business

1121 CRANDON BLVD.

E-1002

KEY BISCAVNE FL 33149

3. New Principal Place of Business Address

328 Crandon Blvd. #109

City, State, Zip

Key Biscayne, FL 33149

6. FEI Number

04-3644230

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

HOFFMANN, PETER A JR.

137 EAST ENID DR.

KEY BISCAVNE FL 33149

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box)

600026880876

01/13/04--01086--005 **150.00

City

FL

Zip Code

10. 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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 12.20.03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HOFFMANN, PETER A JR.	137 EAST ENID DR.	KEY BISCAVNE FL 33149
MGRM	MARQUEZ, CARLOS E	1121 CRANDON BLVD.	KEY BISCAVNE FL 33149

600026880876
03/08/04--01005--004 **50.00

REINSTATEMENT

12. 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 REQUIRED

Date 12.20.03 Daytime Phone # 305-361-3844

Typed or printed name of signing Managing Member/Manager