

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 16 AM 8:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

100162538241
11/05/09--01036--007 **382.50

CR2E041 (10/08)

DOCUMENT # L02000009862

1. Limited Liability Company's Name

MARISAIR, LLC

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

157 Sapodilla Drive

Suite, Apt. #, etc.

3. Mailing Office Address

157 Sapodilla Drive

Suite, Apt. #, etc.

City & State

Islamorada, FL

City & State

Islamorada, FL

Zip

33036

Country

USA

Zip

33036

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida 4/23/2002

6. FEI Number

200276096

☐ **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

Lesley Rhyne

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

157 Sapodilla Drive

Suite, Apt. #, Etc.

City

Islamorada

State

FL

Zip Code

33036

☐ **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.**

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 **October 28, 2009**

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	Lesley Rhyne	157 Sapodilla Drive	Islamorada, FL 33036

L. SELLERS

NOV 17 2009

EXAMINER

REINSTATEMENT-08-09

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 **10/28/2009**

Daytime Phone # **305 942 4201**

Typed or printed name of signing Managing Member/Manager **Lesley Rhyne**