

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 OCT 21 PM 1:08

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000010905

1. Limited Liability Company's Name

M Lloyd, LLC

2. Principal Office Address

2428 Hendricks Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32207

Country

USA

3. Mailing Office Address

2428 Hendricks Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32207

Country

USA

4. State/Country of Formation

Florida

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

5/6/02

6. FEI Number

71-0890438

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

Michael R. Romano

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

2428 Hendricks Avenue

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32207

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

Michael R. Romano

Date

10-20-04

REGISTERED AGENT MUST SIGN

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	Michael R. Romano	2428 Hendricks Avenue	Jacksonville, FL 32207
P&T	Michael R. Romano	2428 Hendricks Avenue	Jacksonville, FL 32207
VP	Mary Anne Taylor	10577 Ford Road	Bryceville, FL 32009
S	Jennifer Marie Romano	2428 Hendricks Avenue	Jacksonville, FL 32207

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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

Michael R. Romano

Date 10/20/04

Daytime Phone# (904) 398-4425

Typed or printed name of signing Managing Member/Manager Michael R. Romano

CR2E041 (10/02)