

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-21-04
250.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -3 AM 10:45

DOCUMENT # L02000016687

1. Limited Liability Company's Name

MM & B PROPERTIES, L.L.C.

2. Principal Office Address

10317B CROSS CREEK BLVD

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33647

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

800068100818
03/20/06--01019--012 **250.00
CR2E041 (8/05)

4. State/Country of Formation

FLORIDA/HILLSBOROUGH

5. Date Organized or Qualified
To Do Business in Florida

07/02/2002

6. FEI Number

010726071

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

GREGORY C. STEPANSKI

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

10317B CROSS CREEK BLVD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33647

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

Gregory C. Stepanski
REGISTERED AGENT MUST SIGN

Date

2/7/06

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
MEM	GREGORY C. STEPANSKI	10317B CROSS CREEK BLVD	TAMPA, FLORIDA 33647

REINSTATEMENT 04-06

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

Gregory C. Stepanski

Date

2/7/06

Daytime Phone #

(813) 973-3100

Typed or printed name of signing Managing Member/Manager

GREGORY C. STEPANSKI