

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUL -7 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO2000033724

1. Limited Liability Company's Name

MLW, LLC

800158228958
07/07/09--01064--004 **282.50

CR2E041 (10/08)

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

10207 100th St. South

3. Mailing Office Address

7760 Villa D'Este Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, Florida

City & State

Delray Beach, Florida

Zip

33437

Country

U.S.

Zip

33446

Country

US

4. State/Country of Formation

Florida U.S.

5. Date Organized or Qualified
To Do Business in Florida

12/16/2002

6. FEI Number

51-0463215

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

Mark L. Woolfson

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

7760 Villa D'Este Way

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33446

☒ 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

Mark L. Woolfson

REGISTERED AGENT MUST SIGN

Date 6/30/2009

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
<u>MEM</u>	<u>Mark L. Woolfson</u>	<u>7760 Villa D'Este Way</u>	<u>Delray Beach, FL 33446</u>
<u>MGR</u>	<u>Mark R. Woolfson</u>	<u>7760 Villa D'Este Way</u>	<u>Delray Beach, FL 33446</u>

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

Mark L. Woolfson

Date 6/30/2009

Daytime Phone # 561-371-4600

Typed or printed name of signing Managing Member/Manager