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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000035108

Name and Mailing Address

0015160 01 AB 0.301 \*\*AUTO T6 3 0615 34480-665078

0015150 01 42 0.007 14272

MATOLYN LLC

7278 SOUTHEAST 12TH CIRCLE

OCALA FL 34480-6650

500025771585  
12/26/03--01031--035 \*\*150.00



2. New Mailing Address <i>4868 N. Citation Drive, Apt 11-101</i>		4. State/Country of Formation <i>FL</i>	
City, State, Zip <i>Delray Beach, FL 33445</i>		5. Date Organized or Qualified To Do Business in Florida <i>12/30/2002</i>	
Principal Place of Business <i>7278 SOUTHEAST 12TH CIRCLE OCALA FL 34480</i>	3. New Principal Place of Business Address		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
TOBIN & REYES, P.A. 7251 WEST PALMETTO PARK RD., STE. 205 BOCA RATON FL 33433	Name <u>Kristina Stein</u> Street Address (P.O. Box Number is Not Acceptable) <u>4868 N. Citation Drive</u> <u>Apt 11-101</u> City <u>Delray Beach</u> Zip Code <u>FL 33445</u>

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

*Prinster S. G. Steen*

~~SECRET~~ **SECRET** REQUIRED

REGISTERED AGENT MUST SIGN

Date \_\_\_\_\_

## 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
Pres	Richard Stein	#11-101 4868 N. Citation Dr.	DeRay Beach FL 33445
VP	Kristina Stein	"	"

FAL

REINSTATEMENT 03

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/Manage

*M. Stein* **SIGNATURE REQUIRED**

Date Dec 17

Daytime Phone # (561) 638-1463

Typed or printed name of signing Managing Member/Manager

631848