

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 23 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000035169

1. Limited Liability Company's Name

MAL GURIAN ASSOCIATES LLC

600172879176
03/23/10--01011--018 **277.50
CR2E041 (11/09)

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

5245 88TH STREET EAST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

Zip

34211

Country

U.S.

Zip

Country

4. State/Country of Formation

FLORIDA / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

12/27/2002

6. FEI Number

061670342

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

GURIAN, MAL

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

5245 88TH STREET EAST

Suite, Apt. #, Etc.

City

BRADENTON

State

FL

Zip Code

34211

☒ 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

Mal Gurian

Date 3-17-10

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
PRES	MAL GURIAN	5245 88TH STREET EAST	BRADENTON, FL 34211

REINSTATEMENT -09-10

11. E-mail Address: MGURIAN@TAMPABAY.RR.COM

(To be used for future annual report notifications)

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/Manager

Mal Gurian

Date 3-17-10

Daytime Phone # 941-752-1133

Typed or printed name of signing Managing Member/Manager