

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 15 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000002783

1. Limited Liability Company's Name

CMK SOLUTIONS, LLC

500082634565
12/19/06--01015-024 **150.00

2. Principal Office Address

4502 Thaxton Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

FL 32309

Zip

32309

Country

US

Zip

Country

4. State/Country of Formation

FL

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

1/23/03

6. FEI Number

51-044 8218

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

Rebecca Dirden Mattingly

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

4502 Thaxton Ct.

Suite, Apt. #, Etc.

City

Tallahassee FL

State

FL

Zip Code

32309

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

Rebecca D. Mattingly

REGISTERED AGENT MUST SIGN

Date 12/15/06

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
MGR	Rebecca Dirden Mattingly	4502 Thaxton Ct.	Tallahassee FL 32309

REINSTATEMENT

04/06

12/15

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

Rebecca D. Mattingly

Date 12/15/06

Daytime Phone# 850 668 1910

Typed or printed name of signing Managing Member/Manager

Rebecca D. Mattingly

Dec 15 2006

Florida Dept of State
Division of Corporations
Tallahassee

To Whom It May Concern:

I did not receive the
2004 Annual Report Notice.

Sincerely,

Rebecca D. Mallis