FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 07 MAR -5 PM 4: 22

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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DIVISION OF CORPORATIONS
07 MAR -5 PM 4: 22

DOCUMENT # L03000003049

1. Limited Liability Company's Name
ML LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
285 Harbor Blvd		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Destin, FL		City & State	
Zip: 32541	Country: USA	Zip	Country

4. State/Country of Formation: FL / OK010030
5. Date Organized or Qualified To Do Business in Florida: 01 | 27 | 2003
6. FEI Number: 56 2372137 — Applied For / Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☑

8. Name and Address of Current Registered Agent

Name	John R. Dowd, Jr.
Street Address (P.O. Box Number is Not Acceptable)	285 Harbor Blvd.
Suite, Apt. #, Etc.	Suite A
City	Destin
State	FL
Zip Code	32541

☐ 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 familiar with 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: [signature] REGISTERED AGENT MUST SIGN Date 3-5-07

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
P	Maureen L Clancy	3034 Bayside Lane	Miami FL 33138

800091558979
03/07/07--01025--022 **250.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to complete this application as provided for in Chapter 608, F.S. I further certify that upon 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: [signature] Date 2/23/07 Daytime Phone # 305 379 9487

Typed or printed name of signing Managing Member/Manager: Maureen L. Clancy