

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 14 AM 10:11

DOCUMENT #

1. Limited Liability Company's Name

MAC III, L.L.C.
L03000003877

2. Principal Office Address

6700 BRITTANY CHASE CT. / 6700 BRITTANY CHASE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

Zip

32810

Country

USA

Zip

32810

Country

USA

4. State/Country of Formation

FLORIDA

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

1/31/03

6. FEI Number

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

MARGIE HARRIS

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

6700 BRITTANY CHASE COURT

Suite, Apt. #, Etc.

City

ORLANDO,

State

FL

Zip Code

32810

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

Margie Harris
REGISTERED AGENT MUST SIGN

Date

1/12/05

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
<i>MGRM</i>	<i>MARGIE HARRIS</i>	<i>6700 BRITTANY CHASE CT.</i>	<i>ORLANDO, FL. 32810</i>
<i>MGRM</i>	<i>CHERYL ROUSE</i>	<i>10430 BIRCH TREE LANE</i>	<i>WINDERMERE, FL. 34786</i>
<i>MGRM</i>	<i>AUDREY WHITE</i>	<i>2711 CHILD STREET</i>	<i>DOVER, FL. 34761</i>
<i>MGRM</i>	<i>SOLOMON HARRIS</i>	<i>842 HANKINS CIRCLE</i>	<i>ORLANDO, FL. 32805</i>
<i>700045582207</i> <i>01/28/05--01015--005 **100.00</i>			
<i>00 001** 900--51010--50/62/10</i> <i>202285560002</i>			

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

Margie Harris

Date

1/12/05

Daytime Phone #

407-3108311

Typed or printed name of signing Managing Member/Manager

MARGIE HARRIS

CR2E041 (10/02)