PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT
DOCUMENT#



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

14 DEC 31 AM 11: 22

1. Limited Li	MENT # $\angle 030$ ability Company's Name ING BY MARK LLC	00016653	5			olun All A	HASSEE.FL ORID	A	
2. Principal Office Address - No P.O. Box # 4153 SW 47 AVE. Suite, Apt. #, etc. # 101 City & State Davie, FI. Zip Country USA		3. Mailing Office 4153 SW 4 Suite, Apt. #, etc. # 101 City & State Davie, Fl. Zip 33314	untry A	Floric 5. Date To C 6. FEI 42-15 7.	CR2E041 (1/14) 4. State/Country of Formation Florida, USA 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number Appl 42-1595351 Not. 7. CERTIFICATE OF STATUS DESIRED S5.00 Additional F			ble	
4153 SW Suite, Apt. # 101 City Davie	Reisfield ress (P.O. Box Number is Not Accept 47th. Ave. **, Etc. appointed the registered agent of the	e above named limited li	State Zip Code FL 33314 ed liability company, am familiar with and			700267890847 12/31/1401015001 **238.75 Ind accept the obligations of Chapter 605, F.S. 12.26.14			
10. Name	es and Street Addresses of Authorize	REGISTERED AGEN		4	··				4
Titles	Name of Authorized Representations Managers			s of Each resentative/ er			e / Zip		
Owner	Mark I Reist	Mark I Reisfield 4153 SW 47 A			Ave. #10	e. #101 Davie, Fl. 33314			
Mgr/AR	Blanca Reisfield 4153 SW 47			Ave. # 1	01	Davie, Fl. 33314			
	REINSTATEMENT S. HAWKES								
	3014						DEC 31 A.M. Aminer		
12. I certify when filing to that all fees as if made usignature of Authorized from the state of	that I am an authorized representation that I am an authorized representation the reasoned by the limited liability companion of Representative/Manager	ve/manager or the receives on for dissolution has be have been paid. The immation submitted to the water Rause	be used for future or trustee of een eliminated formation indicated Department of trustee of truste	empowered to d, the limited li sated on this a of State constit	execute this applicability company na pplication is true a	ime satisi nd accuri e felony a	lies the requirements of section ate, and my signature shall have	n 605.0012. F.S., an we the same legal ef	nď