

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 17 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-1-2004
200.00
waived
\$100.00

DOCUMENT # L03000022395

1. Limited Liability Company's Name

Redmar, LLC

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

13104 Lexington Summit

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando

City & State

Florida

Zip

32828

Country

Zip

Country

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

6/16/2003

6. FEI Number

20-0051941

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

Marilyn A. Maranon

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

13104 Lexington Summit

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32963

☒ 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

Marilyn A. Maranon
REGISTERED AGENT MUST SIGN

Date 3/26/07

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
Member	Marilyn A. Maranon	13104 Lexington Summit	Orlando, FL 32828
Member	Dr. D.B. Maranon	13104 Lexington Summit	Orlando, FL 32828

REINSTATEMENT 05-07

500101935435

05/03/07--01008--007 **200.00

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

Marilyn A. Maranon

Date

3/26/07

Daytime Phone #

407-382-5738

Typed or printed name of signing Managing Member/Manager

Marilyn A. Maranon