

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

250.00
10-1-04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 29 AM 9:24

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000042711

1. Limited Liability Company's Name

MATTLOR INVESTMENTS, LLC

2. Principal Office Address

1121 CRANDON BLVD

Suite, Apt. #, etc.

D-802

City & State

KEY BISCAYNE, FL

Zip

33149

Country

USA

3. Mailing Office Address

1121 CRANDON BLVD

Suite, Apt. #, etc.

D-802

City & State

KEY BISCAYNE, FL

Zip

33149

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified
To Do Business in Florida

11/04/2003

6. FEI Number

20-0396029

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

HERBERT BARDENHEUER

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

1121 CRANDON BLVD

Suite, Apt. #, Etc.

D-802

City

KEY BISCAYNE

State

FL

Zip Code

33149

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

Date 06/28/2006

REGISTERED AGENT MUST SIGN

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	HERBERT BARDENHEUER	1121 CRANDON BLVD D-802	KEY BISCAYNE, FL 33149
			9000 79 71 7099 09/12/06--01031--022 **250.00

REINSTATEMENT

05-06

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

Date 06/28/06 Daytime Phone #

Typed or printed name of signing Managing Member/Manager