

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
\$200.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV 30 AM 9:12

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000044378

1. Limited Liability Company's Name

Maximum Decks LLC

2. Principal Office Address

108 Sparrow Tr

Suite, Apt. #, etc.

3. Mailing Office Address

108 Sparrow Tr

Suite, Apt. #, etc.

City & State

Palatka FL

City & State

Palatka FL

Zip

32177

Country

USA

Zip

32177

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

11/28/05

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

Max E Vollendroff

100081827181

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

108 Sparrow Tr

11/16/06--01007--016 **150.00

Suite, Apt. #, Etc.

City

Palatka

State

FL

Zip Code

32177

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

Max E Vollendroff
REGISTERED AGENT MUST SIGN

Date

11/13/04

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
owner	Max Vollendroff	108 Sparrow Tr	Palatka, FL 32177

500082176435

11/16/06--01044--005 **50.00

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

Max E Vollendroff

Date 11/13/06

Daytime Phone #

386-336-1026

Typed or printed name of signing Managing Member/Manager

Max Vollendroff