

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 14 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000047904**

1. Limited Liability Company's Name

M+N Quality Heating & Air LLC

000180891510
05/14/10--01009--019 **277.50

CR2E041 (11/09)

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

5647 Lunkin Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

Country

Zip

Country

32303 Leon

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

55-0859034

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 **Matthew Vaughn Jr.**

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

5647 Lunkin Ln.

Suite, Apt. #, Etc.

City

State

Zip Code

Tallahassee

FL

32303

☒ 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

Matthew Vaughn Jr.

Date

5/14/10

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
MEM	Matthew Vaughn Jr.	5647 Lunkin Ln	Tallahassee, FL 32303

JB

REINSTATEMENT 2009-10

11. E-mail Address **VAUGHNM@MAIL.Lively, Leon, FL, US**

(To be used for future annual report notifications)

12. 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

Matthew Vaughn Jr.

Date **5/14/10**

Daytime Phone #

850 443 7925

Typed or printed name of signing Managing Member/Manager