

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000056358

1. Limited Liability Company's Name

M5 EQUIPMENT, LLC

FILED

09 SEP 29 AM 11:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**400161128604
09/29/09--01027--003 **655.00**

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 10115 FOREST HILL BLVD Suite, Apt. #, etc. SUITE 100 City & State WELLINGTON, FL Zip 33414		3. Mailing Office Address 10115 FOREST HILL BLVD Suite, Apt. #, etc. SUITE 100 City & State WELLINGTON, FL Zip 33414	
Country US		Country US	

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 200646042	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name MORRIS LAW GROUP			
Street Address (P.O. Box Number is Not Acceptable) 7000 W. PALMETTO PARK ROAD			
Suite, Apt. #, Etc. SUITE 205			
City BOCA RATON	State FL	Zip Code 33433	

☒ 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 Stuart R. Morris, Esq., President Date 9/24/09
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	MATTHEW J. SMITH	10115 Forest Hill Blvd, Suite 103	Wellington, FL 33414

REINSTATEMENT 06-09

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 MATTHEW J. SMITH Date 9/24/09 Daytime Phone # (561) 798-2425

Typed or printed name of signing Managing Member/Manager MATTHEW J. SMITH, MANAGER

SEP 30 2009