

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2009 NOV 30 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/17/09--01027--009 ***277.50

CR2E041 (10/09)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 104000010754

1. Limited Liability Company's Name

Martin J. Frank LLC

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

6220 SE 165th CT

Suite, Apt. #, etc.

3. Mailing Office Address

18398 SE 21 Pl.

Suite, Apt. #, etc.

4. State/Country of Formation Florida. ~~USA~~ ^{United States}

5. Date Organized or Qualified To Do Business in Florida 2/09/2004

City & State

Ocklawaha, FL

City & State

Silver Springs, FL

6. FEI Number

200750158

Applied For

Not Applicable

\$5.00 Additional Fee required for a Certificate of Status

Zip

U.S.A.

Country

Zip

U.S.A.

Country

32179

34488

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name

MARTIN FRANK

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

18398 SE 21ST PL.

Suite, Apt. #, Etc.

City

SILVER SPRINGS

State

FL

Zip Code

34488



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 fee 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

[Signature]

Date 11/12/09

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
MEMBER	MARTIN FRANK	18398 SE 21ST PL	SILVER SPRINGS FL 34488

REINSTATEMENT 08-09

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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

[Signature]

Date 11/12/09 Daytime Phone #

Typed or Printed name of signing Managing Member/Manager

MARTIN FRANK