

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 DEC 18 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300113045543
12/11/07--01046--010 **205.00
CR2E041 (1/07)

DOCUMENT #

1. Limited Liability Company's Name

MARK'S SAILOR LLC
L04000019973

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

8431 W. LINDBAUGH AVE

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33625

Country

USA

3. Mailing Office Address

8431 W. LINDBAUGH AVE

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33625

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

3-15-2004

6. FEI Number

87-0747098

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

CURTIS R. NIEHOFF

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

3607 BERGER RD.

Suite, Apt. #, Etc.

City

LOTZ

State

FL

Zip Code

33548

☐ 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

REGISTERED AGENT MUST SIGN

Date 12-10-07

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
mbr	CATHERINE A. RAIRIGH	3607 BERGER RD	LOTZ, FL 33548
		REINSTATEMENT	
			06-07
			8/2/20

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 12-10-07

Daytime Phone#

813-267-7276

Typed or printed name of signing Managing Member/Manager

CATHERINE A. RAIRIGH