

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -1 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # LO4000023780

1. Limited Liability Company's Name

MPM & ASSOCIATES, LLC

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

442 W. KENNEDY BLVD.

Suite, Apt. #, etc.

SUITE 270

City & State

TAMPA FL

Zip

33606

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FL

Zip

Country

4. State/Country of Formation

FLORIDA USA

**5. Date Organized or Qualified
To Do Business in Florida**

2004

6. FEI Number

20-0927872

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

MICHAEL MARTIN

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

2911 BAY COURT AVE

Suite, Apt. #, Etc.

TAMPA FL

City

TAMPA

State

FL

Zip Code

33611

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/2/07

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
MGR	MICHAEL MARTIN	2911 BAY COURT AVE	TAMPA FL 33611
			200091010588 03/06/07--01022--017 **250.00
			REINSTATEMENT 05-07

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

[Signature]

Date 2/2/07

Daytime Phone # 813-601-2953

Typed or printed name of signing Managing Member/Manager

MICHAEL MARTIN