

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 FEB 10 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 104000024833

1. Limited Liability Company's Name

Menu-Mate Trophies & Plaques, LLC

CR2E041 (10/08)

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

5100 U.S. 98 North

Suite, Apt. #, etc.

Suite 8

City & State

Lakeland, FL

Zip

33809

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 04/01/2004

6. FEI Number

20-1028301

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

Rhonda M. Batts

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

5100 US 98 North

Suite, Apt. #, Etc.

Suite 8

City

Lakeland

State

FL

Zip Code

33809

☒ 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

*Rhonda Batts*

Date

1-30-09

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
MGM	Rhonda M. Batts	2214 Topaz Lane	Plant City, FL 33566
			600143030636 02/06/09--01044--009 **416.25

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

*Rhonda Batts*

Date

1-30-09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager