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FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

4. State/Country of Formation		FL	
5. Date Organized or Qualified To Do Business in Florida		05/10/04	
6. FEI Number		<input checked="" 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	

☒ 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.

accept the obligations of Chapter 608, F.S.

Date OCT 20<sup>th</sup> 2008

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 *Jonathan B. Hanna* Date Oct 20<sup>th</sup> 2008

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
MRM	JONATHAN B LASSELLS	12114 DOUPHIN RD	BOKEELAH, FL 33922
			900137430019
	REINSTATEMENT-07-08		10/24/08--01031--005 **555.00

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 Jonathan B. Lasso Date 20<sup>th</sup> Oct 2008 Daytime Phone # 305 395 4395

Typed or printed name of signing Managing Member/Manager Jonathan B Lasso