

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT 16 PM 3:45

DOCUMENT # L04000036951

1. Limited Liability Company's Name

MAD J LLC

700111083167
10/22/07-01010-004 **50.00
CR2E041 (1/07)

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

208 Waddingham Trail
Suite, Apt. #, etc.

3. Mailing Office Address

208 Waddingham Trail
Suite, Apt. #, etc.

City & State

Venice, FL

City & State

Venice, FL

Zip

34292

Country

US

Zip

34292

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified
To Do Business in Florida

May 14 2004

6. FEI Number

20-114849

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

Jeffrey Michael Hartman

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

208 Waddingham Trail

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34292

☒ 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 Sept 29 2007

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
MEM	Jeffrey M Hartman	208 Waddingham Trail	Venice FL 34292

800110181918
10/02/07 01038-010 **50.00

REINSTATEMENT 2007-2006

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

Sept 29 2007

Daytime Phone #

941.234.5763

Typed or printed name of signing Managing Member/Manager

Jeffrey M Hartman