

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 11 AM 11:38

DOCUMENT # L04000044726

1. Limited Liability Company's Name

MAKR LLC

200110697372
10/11/07--01042--002 **200.00

CR2E041 (1/07)

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

2810 Vine Street

Suite, Apt. #, etc.

3. Mailing Office Address

2810 Vine Street

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32806

Country

USA

Zip

32806

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

06/15/2004

6. FEI Number

73-1708065

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

Jason Gregory

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

605 Briercliff Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32806

☐ 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 **Oct. 7. 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
MGR	JASON GREGORY	2810 VINE STREET	ORLANDO, FL 32806

REINSTATEMENT 2006, 2007

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

Oct. 7. 2007

Daytime Phone #

407-284-0192

Typed or printed name of signing Managing Member/Manager

JASON GREGORY