


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 OCT 14 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L04000045565

1. Limited Liability Company's Name

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

3864 HAWKEYE CIR

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

34232

Country

SARASOTA FL

3. Mailing Office Address

3864 HAWKEYE CIR

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

34232

Country

SARASOTA FL

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified

To Do Business in Florida 06/14/2004

6. FEI Number

☐ 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

JOSEPH MARCINOWSKI

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

3864 HAWKEYE CIR

Suite, Apt. #, Etc.

City

SARASOTA FL

State

FL

Zip Code

34232

☒ 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

Joseph Marcinowski

REGISTERED AGENT MUST SIGN

Date

10/8/09

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
MGRM	Joseph Marcinowski	3864 Hawkeye Cir.	Sarasota, FL 34232

500161063605
10/13/09 01067 002 **560.00

REINSTATEMENT

06-09 just

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

Joseph Marcinowski

Date

10/08/09

Daytime Phone #

941-932-0102

Typed or printed name of signing Managing Member/Manager

Joseph Marcinowski