

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 OCT -3 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L04000049057

1. Limited Liability Company's Name

M & D LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 8600 Barot Drive Suite, Apt. #, etc. 208 City & State Naples FL Zip 34101		Country USA		3. Mailing Office Address 8600 Barot Drive Suite, Apt. #, etc. 208 City & State Naples FL Zip 34101		Country USA	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 06/30/200	
6. FEI Number	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
Form-A-Corp

Street Address (P.O. Box Number is Not Acceptable)  
4400 PGA Blvd

Suite, Apt. #, Etc.  
Suite 900

City  
Palm Beach Gardens

State  
FL

Zip Code  
33410

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 \_\_\_\_\_ Date \_\_\_\_\_  
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
MGRM	Cathia Clairjuste	8600 Barot Drive #208	Naples FL 34101
			700136691337 10/07/08--01016--024 **416.25
			REINSTATEMENT 06, 08

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 Cathia Clairjuste Date 9/10/08 Daytime Phone # 954-937-0477

Typed or printed name of signing Managing Member/Manager Cathia Clairjuste