

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 AUG 28 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L04000049143

1. Limited Liability Company's Name

Beautious Maximus LLC  
15918 Winner Ln.  
Hudson, FL 34667-3715189

2. Principal Office Address

15918 Winner Ln.

3. Mailing Office Address

15918 Winner Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson, FL

City & State

Hudson, FL

Zip

34667

Country

PASCO

Zip

34667

Country

PASCO

4. State/Country of Formation

PASCO Cnty. Florida

5. Date Organized or Qualified  
To Do Business in Florida

07-01-04

6. FEI Number

80-0124349

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MARK R. Long

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

15918 Winner Ln.

Suite, Apt. #, Etc.

City

Hudson

State

FL

Zip Code

34667-3715189

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

Mark R Long

REGISTERED AGENT MUST SIGN

Date 08/09/08

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
mgym	<u>MARK LONG</u>		
	<u>15918 Winner Ln</u>		
	<u>Hudson, FL 34667</u>		
REINSTATEMENT <u>06-08</u>			

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

Mark R Long

Date

08/09/08

Daytime Phone #

727-243-4059

Typed or printed name of signing Managing Member/Manager

MARK R. Long

CR2E041 (10/02)