

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



245-6911
FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV -9 AM 8:51

DOCUMENT # L040.00050409

1. Limited Liability Company's Name

MAHAFFEY ENTERPRISES LLC

2. Principal Office Address

255 JO KATHERINE LANE

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH FL.

Zip

32459

Country

WALTON

3. Mailing Office Address

LANE

Suite, Apt. #, etc.

SAME

City & State

FL.

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

77-0633967

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

(same) LLC

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ERNEST MAHAFFEY

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

255 JO KATHERINE LANE

Suite, Apt. #, Etc.

City

SANTA ROSA BEACH

000061299930

11/09/05-01054-001 **50.00

State

FL

Zip Code

32459

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

Ernest Mahaffey
REGISTERED AGENT MUST SIGN

Date

11-3-05

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	ERNEST MAHAFFEY	255 JO KATHERINE LANE	SANTA ROSA BEACH FLORIDA 32459

REINSTATEMENT 2005

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

Ernest Mahaffey

Date

11-3-05

Daytime Phone #

267-2778

Typed or printed name of signing Managing Member/Manager