

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

MLM Partnership, LLC.

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

7235 NE 4th AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLA

Zip

33138

Country

USA

3. Mailing Office Address

7235 NE 4th AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLA

Zip

33138

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

7/14/2004

6. FEI Number

201350318

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

BARRY MCCARTHY

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

2902 SE CATES

Suite, Apt. #, Etc.

City

PORT ST. LUCIE

State

FL

Zip Code

34952

☒ 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 10/12/08

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
MGRM	BARRY MCCARTHY	7235 NE 4th AVE	MIAMI, FL. 33138
MGRM	GAIL MCCARTHY	7235 NE 4th AVE	MIAMI, FL. 33138
			L. SELLERS
			OCT 29 2008
			EXAMINER

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 10/17/08

Daytime Phone # 305-758-9444

Typed or printed name of signing Managing Member/Manager

BARRY MCCARTHY