

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 NOV 19 AM 8:05

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000071434

1. Limited Liability Company's Name

M & M Investments at the Beach, LLC

CR2E041 (10/08)

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

505 Highland Ave

3. Mailing Office Address

505 Highland Ave PO Box 205

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy, FL

Zip

32351

Country

USA

Zip

32353-0205

Country

USA

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

09/29/2004

6. FEI Number

202428517

☐ 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

Bates, Mark W

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

505 Highland Ave

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

☐ 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

Mark W. Bates

Date

11/13/08

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	Bates, Mark W	505 Highland Ave	Quincy/FL/32351

11/13/08--01050--021 **377.50

L. SELLERS

NOV 20 2008

EXAMINER

REINSTATEMENT

07-08

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

Mark W. Bates

Date

11/13/08

Daytime Phone #

850-545-6102

Typed or printed name of signing Managing Member/Manager **Mark W. Bates**