

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 25 PM 2:06

DOCUMENT # L04000075748

1. Limited Liability Company's Name

MAXMIN INTERNATIONAL, LLC

600162955076
11/19/09--01030--018 **\$16.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
835 E. YORKSHIRE LANE
3858 N. CITRUS AVE

3. Mailing Office Address
10045 RED RUN BLVD.

Suite, Apt. #, etc.
BOX-331

Suite, Apt. #, etc.
STE. 250

City & State CRYSTAL RIVER
HOLDER, FL

City & State
OWINGS MILLS, MD

Zip 34428
34445-

Country
U.S.

Zip
21117

Country
U.S.

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 10/19/2004

6. FEI Number
20-1853574

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
KLINE, ROBERT B.

Street Address (P.O. Box Number is Not Acceptable)
7360 W. COPENHAGEN ST.

Suite, Apt. #, Etc.

City
DUNNELLON

State
FL

Zip Code
34433

☐ 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

REGISTERED AGENT MUST SIGN

Date 11-15-09

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	ARTHUR J HOHMANN	113 ASPEN GROVE ROAD	ASPEN, CO 81611

REINSTATEMENT 2007-2009

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Date

11-13-09

Daytime Phone #

970 920 2235

Typed or printed name of signing Managing Member/Manager