

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC
DIVISION

07 NOV 27 AM 11:05

DOCUMENT # L04000077972

1. Limited Liability Company's Name

MARROB PROPERTIES, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
960 CAPE MARCO DRIVE

3. Mailing Office Address
960 CAPE MARCO DRIVE

Suite, Apt. #, etc.
SUITE 2003, COZUMEL

Suite, Apt. #, etc.
SUITE 2003, COZUMEL

City & State
MARCO ISLAND, FL

City & State
MARCO ISLAND, FL

Zip
34145

Country
USA

Zip
34145

Country
USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 10/25/04

6. FEI Number
51-0530012

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
MARY CLARE PORTER

Street Address (P.O. Box Number is Not Acceptable)
960 CAPE MARCO DRIVE

Suite, Apt. #, Etc.
SUITE 2003, COZUMEL

City
MARCO ISLAND

State
FL

Zip Code
34145

☐ 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 *Mary Clare Porter*
REGISTERED AGENT MUST SIGN

Date 11-20-07

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	MARY CLARE PORTER	960 CAPE MARCO DRIVE, SUITE 2003, COZUMEL	MARCO ISLAND, FL 34145
MGRM	ROBERT J PORTER	960 CAPE MARCO DRIVE, SUITE 2003, COZUMEL	MARCO ISLAND, FL 34145

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11/27/07--01018--019 **250.00

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 *Mary Clare Porter*

Date 11-20-07 Daytime Phone # 239-389-0250

Typed or printed name of signing Managing Member/Manager *MARY CLARE PORTER - ROBERT J. PORTER*