

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 MAR 29 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000086366

1. Limited Liability Company's Name

**MOBILE MAGIC, LLC**

700095803937  
04/04/07--01035--022 \*\*150.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
**2413 SE ST. LUCIE BLVD.**

Suite, Apt. #, etc.

3. Mailing Office Address  
**2413 SE ST. LUCIE BLVD.**

Suite, Apt. #, etc.

City & State  
**STUART FL**

Zip  
**34996**

Country

City & State  
**STUART FL**

Zip  
**34996**

Country

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida **11/30/2004**

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee Required  
See Instructions for Details

**8. Name and Address of Current Registered Agent**

Name  
**ALL FLORIDA FIRM INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**465 S VOLUSIA AVE**

Suite, Apt. #, Etc.  
**SUITE C**

City  
**ORANGE CITY**

State  
**FL**

Zip Code  
**32763**

☒ 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

*Devin Newman - Ass. Secretary*  
REGISTERED AGENT MUST SIGN

Date **3/15/2007**

**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	GARY L PHILLIPS	2413 SE ST. LUCIE BLVD.	STUART FL 34996

**REINSTATEMENT 05-07**

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 **3/18/07** Daytime Phone **904-220-7504**

Typed or printed name of signing Managing Member/Manager