

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -7 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000003967

1. Limited Liability Company's Name

MARK MCHAFFIE LLC

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

2002 FLORIDA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

TALLAHASSEE

City & State

Zip

32303

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

05-0615041

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

MARK MCHAFFIE

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

2002 FLORIDA AVE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32303

800190432668

01/07/11--01020--005 **377.50

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 McHaffie

REGISTERED AGENT MUST SIGN

Date

1/7/11

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	MARK MCHAFFIE	2002 FLORIDA AVE	TALLAHASSEE, FL 32303

REINSTATEMENT 10, 11

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

Mark McHaffie

Date

1/7/11

Daytime Phone #

850-566-0695

Typed or printed name of signing Managing Member/Manager

N. Gullman JAN - 7 2011