

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 MAY 30 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

LD5-9933

Mokarimakka, LLC

**REINSTATEMENT**

CR2E041 (1/07)

06-07

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

4451 Atwood Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32828

Country

USA

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

1/31/2005

6. FEI Number

43-2073472

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

George A James

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

4230 S. MacDill Ave

Suite, Apt. #, Etc.

Suite K

City

Tampa

State

FL

Zip Code

33611

☒ 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

George A James

REGISTERED AGENT MUST SIGN

Date 5/25/07

**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
Mgm	Nils Grue	4008 San Galle Dr #19101	Kissimmee, FL 34741
			900103916719 06/05/07--01045--003 **100.00
			LS

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

Nils Grue

Date 04/12/2007 Daytime Phone # 813-831-5688

Typed or printed name of signing Managing Member/Manager

Nils Grue