

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 MAR 17 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L05000049972**

1. Limited Liability Company's Name

**MARTECH INDUSTRIES LLC**

**300145525713**  
03/11/09--01017--014 \*\*655.00

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

2460 N University Dr

Suite, Apt. #, etc.

3. Mailing Office Address

2460 N University Dr

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33024

Country

US

Zip

33024

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 05/19/2005

6. FEI Number

26-4416490

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

Kirk Jackson

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

2460 N University Dr

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33024

☐ 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

Date 3/9/09

REGISTERED AGENT MUST SIGN

**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	Kirk Jackson	2460 N University Dr	Pembroke Pines, FL 33024
	<b>S. HAWKES</b>		
	MAR 18 2009		
	<b>EXAMINER</b>		
		2006-09	

**REINSTATEMENT**

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

Date 3/9/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **Kirk Jackson**