


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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SECRETAR  
DIVISION

07 JUN 13 PM 2: 35

DOCUMENT # L05000051437

1. Limited Liability Company's Name

M & D Enterprises, LLC

000104446690

06/15/07--01065--012 \*\*200.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <u>4405 34ct.</u>		3. Mailing Office Address <u>P.O. Box 1925</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Vero Beach, FL</u>		City & State <u>Vero Beach, FL</u>	
Zip <u>32967</u>	Country <u>U.S.</u>	Zip <u>32961</u>	Country <u>U.S.</u>

4. State/Country of Formation

FL U.S.

5. Date Organized or Qualified  
To Do Business in Florida

2005

6. FEI Number

320157136

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 Maurice Rolle

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

4405 34ct.

Suite, Apt. #, Etc.

City Vero Beach

State  
FL

Zip Code  
32967

☐ 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

Maurice Rolle

Date 5/21/07

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
Manager	Maurice Rolle	4405 34ct.	Vero Beach / FL / 32967
Manager	Donnie Ausby	4405 34ct.	Vero Beach / FL / 32967

REINSTATEMENT 06-07

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

Maurice Rolle

Date 5/21/07

Daytime Phone # (772) 978-0170

Typed or printed name of signing Managing Member/Manager

Maurice Rolle