

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JUL 17 11:31:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0500005437

1. Limited Liability Company's Name

M&D Enterprises LLC

000201842830
06/30/14--01018--016 ***655.00

CR2E041 (1/14)

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

4405 34ct.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1925

Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

5/18/05

6. FEI Number

32-0157136

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Vero Beach

Zip

32967

Country

US

City & State

Vero Beach

Zip

32961

Country

US

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

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Maurice Rolle

Date 6/20/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Maurice Rolle	4405 34ct.	Vero Beach/FL 32967

JUL 17 2014
L. SELLERS

REINSTATEMENT 2011-2014

11. E-mail Address: rollex74@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Maurice Rolle

Date 6/20/14

Daytime Phone # (772) 713-3774

Typed or printed name of signing Authorized Representative/Manager

Maurice Rolle