

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L05-93727 07

1. Limited Liability Company's Name

Mardi Investments#2, LLC

FILED
10 JUN 22 PM 1:55

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CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 12808 Fernbank Lane		3. Mailing Office Address 12808 Fernbank Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32223	Country USA	Zip 32223	Country USA

4. State/Country of Formation USA/Duval	
5. Date Organized or Qualified To Do Business in Florida 9/22/2005	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Jeff Buchanan		
Street Address (P.O. Box Number is Not Acceptable) 12808 Fernbank Lane		
Suite, Apt. #, Etc.		
City Jacksonville	State FL	Zip Code 32223

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

REGISTERED AGENT MUST SIGN

Date **6/21/10**

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	Jeff Buchanan	12808 Fernbank Lane	Jacksonville, FL 32223
MGR	Melissa Buchanan	12808 Fernbank Lane	Jacksonville, FL 32223

REINSTATEMENT 2007-2010 nc 6/23/10

11. E-mail Address **melissa@assetdevelopmentpartners.com**

(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

Date **6/21/10**

Daytime Phone #

(904) 219-6149

Typed or printed name of signing Managing Member/Manager