


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

10 DEC 13 PM 1:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (05/10)

DOCUMENT # L05000100942

1. Limited Liability Company's Name

MARKS ENT. LLC

2. Principal Office Address - No P.O. Box # 3069 Anderson Snow Rd		3. Mailing Office Address 7012 Palmetto Pines Lane	
Suite, Apt. #, etc. 207		Suite, Apt. #, etc.	
City & State Spring Hill, FL		City & State Land O'Lakes, FL	
Zip 34609	Country USA	Zip 34637	Country

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida October 12, 2005	
6. FEI Number 20-3635656	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Karl Jaufmann

Street Address (P.O. Box Number is Not Acceptable)
7012 Palmetto Pines Lane

Suite, Apt. #, Etc.

City
Land O'Lakes

State
FL

Zip Code
34637

12/13/10--01039--022 **655.00
800188631368
12/13/10--01039--022 **655.00

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 _____

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	Maria Jaufmann	7012 Palmetto Pines Lane	Land O'Lakes, FL 34637
MGRM	Robert Cooper	55 Fairmont Dr	Spring Hill, FL 34609

REINSTATEMENT 2007-10 *SPH*

11. E-mail Address kari@marksllc.net (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 *[Signature]* Date 12-9-10 Daytime Phone # 813-787-5655

Typed or printed name of signing Managing Member/Manager _____