

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN -8 PM 2:02

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO6-8919

1. Limited Liability Company's Name

MMLJ, LLC

300139535723
01/06/09--01012--014 **377.50

CR2E041 (10/08)

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

835 MEADOW PARK DR

Suite, Apt. #, etc.

3. Mailing Office Address

835 MEADOW PARK DR

Suite, Apt. #, etc.

City & State

MINNEOLA, FL

City & State

MINNEOLA, FL

Zip

34715

Country

U.S.A.

Zip

34715

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1-25-2006

6. FEI Number

26-3944436

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

ROSE FISHER

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

835 MEADOW PARK DR

Suite, Apt. #, Etc.

City

MINNEOLA

State

FL

Zip Code

34715

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

Rose Fisher

Date 12-30-2008

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	ROSE FISHER	835 MEADOW PARK DR	MINNEOLA, FL 34715
	REINSTATEMENT	2007, 2008	

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

Rose Fisher

Date 12-30-2008

Daytime Phone # 352-617-9080

Typed or printed name of signing Managing Member/Manager

ROSE FISHER

Hamilton JAN - 9 2009