

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 MAR 10 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800145461238

3/10/09--01038--014 **521.25

DOCUMENT # L06000011342

1. Limited Liability Company's Name

MKG Photography LLC

CR2E041 (10/08)

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

12450 Royal Troon Lane

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32224

Country

USA

3. Mailing Office Address

12450 Royal Troon Lane

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32224

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

1/27/2006

6. FEI Number

☐ 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

Mary Garrard

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

12450 Royal Troon Lane

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32224

☐ 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

Mary Garrard
REGISTERED AGENT MUST SIGN

Date 3/3/09

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
MGR	Mary Garrard	12450 Royal Troon Lane	Jacksonville, FL 32224

REINSTATEMENT

07-09

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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

Mary Garrard

Date 3/3/09

Daytime Phone # 904-881-9567

Typed or printed name of signing Managing Member/Manager: Mary Garrard