

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 23 PM 2:54

DOCUMENT #

1. Limited Liability Company's Name

MF TOLA, LLC

REINSTATEMENT 2007-10 884

100172877971
03/23/10--01011--007 **\$55.00
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 235 NE 4th Ave.		3. Mailing Office Address 235 NE 4th Ave.	
Suite, Apt. #, etc. Ste. 101		Suite, Apt. #, etc. Ste. 101	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33483	Country	Zip 33483	Country

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 2/14/06	
6. FEI Number	Applied For 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 Mark Ford		
Street Address (P.O. Box Number is Not Acceptable) 235 NE 4th Ave.		
Suite, Apt. #, Etc. Ste. 101		
City Delray Beach	State FL	Zip Code 33483

☐ 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

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	Mark Ford	235 NE 4th Ave., Ste. 101	Delray Beach, FL 33483

11. E-mail Address: markford@palimi.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

Date

Daytime Phone # (561) 243-0630

Typed or printed name of signing Managing Member/Manager Mark Ford