

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 DEC 18 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10192007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000017731

1. Entity Name
MATTHEW WALKER, LLC



Principal Place of Business
**115 KEY HAVEN CT.
TAMPA, FL 33606**

Mailing Address
**115 KEY HAVEN CT.
TAMPA, FL 33606**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
06-1796131

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, MATTHEW
115 KEY HAVEN CT.
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X Matt Walker* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, MATTHEW 115 KEY HAVEN CT. TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300111579113 11/01/07-01016-018 \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALKER, MARY KAY 115 KEY HAVEN CT. TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *X Matt Walker* **12-10-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #