

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC -4 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000018203

1. Limited Liability Company's Name

MANDALAY CLEARWATER LLC

700162257357
10/28/09--01030--002 **138.75
CR2E041 (10/08)

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

640 MANDALAY AVE 18007

Suite, Apt. #, etc.

CLEARWATER

City & State

FL

Zip 33767

Country

USA

3. Mailing Office Address

CRAWLEY RD 18007

Suite, Apt. #, etc.

CRAWLEY RD

City & State

ODESSA, FL

Zip 33556

Country

USA

4. State/Country of Formation

FLORIDA / Pinellas

5. Date Organized or Qualified
To Do Business in Florida

2006

6. FEI Number

20-4348744

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

ALAN FELKER

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

18007 CRAWLEY RD

Suite, Apt. #, Etc.

ODESSA

City

State

FL

Zip Code

33767

☒ 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

Alan Felker

REGISTERED AGENT MUST SIGN

Date

10/26/09

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	ALAN FELKER	18007 CRAWLEY RD	ODESSA, FL 33767
mgr	BARRY FELKER	304 SUNSHINE	LAKE DRIVE
		VON HEESE, NJ	08043
<p>REINSTATEMENT -08-09</p> <p>700162257357 12/08/09--01001--004 **138.75</p>			

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

Alan Felker

Date

10/26/09

Daytime Phone #

813-417-1218

Typed or printed name of signing Managing Member/Manager

ALAN FELKER

CS