

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

09 FEB 24 PM 3:56

REINSTATEMENT

01-09 LBM

DOCUMENT # L06000019561

1. Limited Liability Company's Name

M.A.T. Property Management, LLC

400141891424
01/23/09--01046--022 **377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 15880 Summerlin Rd. #300		3. Mailing Office Address 15880 Summerlin Rd.	
Suite, Apt. #, etc. #300, PMB #396		Suite, Apt. #, etc. #300, PMB #396	
City & State Ft. Myers, Florida		City & State Ft. Myers, Florida	
Zip 33908	Country U.S.A.	Zip 33908	Country U.S.A.

4. State/Country of Formation Lee County, Florida	
5. Date Organized or Qualified To Do Business In Florida 2/22/06	
6. FEI Number 20-4382942	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 Charles T. Ferber			
Street Address (P.O. Box Number is Not Acceptable) 2125 First Street,			
Suite, Apt. #, Etc. Suite 100			
City Fort Myers,	State FL	Zip Code 33901	

☐ 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

Charles T. Ferber

Date January 5, 2009

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	Michael Amodio	755 Narrows Rd. N. Apt. 806	Staten Island, N.Y. 10304

400141891424
03/03/09--01002--009 **277.50

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

Michael Amodio

Date

1/6/09

Daytime Phone #

(917) 468-1812

Typed or printed name of signing Managing Member/Manager

MICHAEL AMODIO