

**2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 13, 2011  
Secretary of State**

DOCUMENT# L06000023331

Entity Name: MAFE LLC

**Current Principal Place of Business:**

627 SW BILTMORE ST.  
PORT SAINT LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

627 SW BILTMORE ST.  
PORT SAINT LUCIE, FL 34983 US

**New Mailing Address:**

FEI Number: 86-1084739      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURGOS, FELIX  
627 SW BILTMORE ST.  
PORT SAINT LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: FELIX BURGOS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BURGOS, FELIX  
Address: 627 SW BILTMORE ST.  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: FELIX BURGOS

MGRM

10/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date