

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 MAY 21 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000025493

1. Limited Liability Company's Name

ME-FIRST, LLC

900260454449
05/21/14--01019--018 **\$655.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
660 Linton Blvd.

3. Mailing Office Address
660 Linton Blvd.

Suite, Apt. #, etc.
Suite 207-A

Suite, Apt. #, etc.
Suite 207-A

City & State
Delray Beach

City & State
Delray Beach

Zip Country
33444 USA

Zip Country
33444 USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
March 9, 2006

6. FEI Number
432100012

☐ 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
MARK A. PERRY, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
50 SE 4TH AVENUE

Suite, Apt. #, Etc.

City State Zip Code
DELRAY BEACH FL 33483

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/20/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	EDWARD KUTT	660 Linton Blvd., Suite 207-A	Delray Beach, FL 33444

REINSTATEMENT

MAY 21 2014

R. HUNT

11. E-mail Address: mperry@perrykern.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager [Signature] Date May 20, 2014 Daytime Phone # 561-276-4146

Typed or printed name of signing Authorized Representative/Manager MARK A. PERRY