

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM...

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 11 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600159014776
08/13/09--01002--002 **138.75

600159014776
07/29/09--01034--006 **377.50

CR2E041 (10/08)

DOCUMENT # L06000026024

1. Limited Liability Company's Name

ENMAZ, LLC

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

1524 E Livingston St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32803

Country

ORANGE

Zip

Country

4. State/Country of Formation

Florida / orange

5. Date Organized or Qualified
To Do Business in Florida

3/10/06

6. FEI Number

27-0598302

☒ 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

John C. Englehardt

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

1524 E Livingston St

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

☐ 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

REGISTERED AGENT MUST SIGN

Date 7-23-09

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	John C. Englehardt	1524 E Livingston St	ORLANDO, FL 32803
MGR	Jeffrey Mazer	8475 S. Hwy 17-92	Maitland, FL 32751

REINSTATEMENT 07-09

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

Date

7-23-09

Daytime Phone #

407 896 1138

Typed or printed name of signing Managing Member/Manager

John C. Englehardt