PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
09 APR 20 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # L06000031774

1. Limited Liability Company's Name
Milmar LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
13529 NW 82nd St Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala	City & State: FL
Zip: 34482 Country: USA	Zip: 34482 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/21/2006

6. FEI Number: ☐ 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: Alfonso & Mildred Martinez
Street Address (P.O. Box Number is Not Acceptable): 13529 NW 82nd St Rd.
Suite, Apt. #, Etc.:
City: Ocala, Fl. State: FL Zip Code: 34482

☐ 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: Mildred Martinez Date: 3-27-09
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
Owner	Mildred Martinez	same as above	
	EXAMINER		800147952668 04/21/09--01038--010 **155.00
	S. HAWKES	APR 21 2009	
	S. HAWKES		800147952668 03/30/09--01034--013 **416.25
	EXAMINER	REINSTATEMENT	+ 100.00
		2007-09	(516.25

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: Mildred Martinez Date: 3-27-09 Daytime Phone #: 304-553-4313

Typed or printed name of signing Managing Member/Manager: Mildred Martinez

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2009

MILMAR LLC
13529 NW 82ND ST RD
OCALA, FL 34482

SUBJECT: MILMAR, LLC
Ref. Number: L06000031774

We have received your document for MILMAR, LLC and your check(s) totaling $416.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: $100.00 reinstatement fee; $138.75 filing fee per year for the years 2007 through 2009;and $5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is $.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 409A00011028