

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 APR -4 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000059386

1. Limited Liability Company's Name

MALO LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
7801 PORTSIDE DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address
7801 PORTSIDE DRIVE

Suite, Apt. #, etc.

City & State
SEMINOLE, FL

Zip
33776

Country
US

City & State
SEMINOLE, FL

Zip
33776

Country
US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 06/12/06

6. FEI Number
20-5018107

☐ 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
RICHARD HENDRICKSON

Street Address (P.O. Box Number is Not Acceptable)
7801 PORTSIDE DRIVE

Suite, Apt. #, Etc.

City
SEMINOLE

State
FL

Zip Code
33776

E-mail Address:

03/26/12--01009--018 **377.50

900226186249

03/26/12--01009--018 **377.50

RICK_HENDRICKSON@LIVE.COM

(To be used for future annual report notices)

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

Richard Hendrickson

Date

3/22/12

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	RICHARD HENDRICKSON	7801 PORTSIDE DRIVE	SEMINOLE, FL 33776
MGRM	ROBERT DELASHAW	1280 PINE ST	LARGO, FL 33770

REINSTATEMENT-2010-2012

900226186249

04/05/12--01023--020 **138.75

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Richard Hendrickson

Date

3/22/12

Daytime Phone #

727 480-5641

Typed or printed name of signing Managing Member/Manager

RICHARD HENDRICKSON