

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 JUL 29 AM 11:28

500182680735  
06/28/10--01031--023 \*\*\$55.00

CR2E041 (10/08)

DOCUMENT # L06000059875

1. Limited Liability Company's Name

L M I, LLC

07

2. Principal Office Address - No P.O. Box #  
329 NORTH SHIPWRECK AVE

Suite, Apt. #, etc.

City & State

PONTE VEDRA, FL

Zip

32081

Country

3. Mailing Office Address

329 NORTH SHIPWRECK AVE

Suite, Apt. #, etc.

City & State

PONTE VEDRA, FL

Zip

32081

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida JUNE 13, 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

FRED L. AHERN, JR.

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

2215 South Third Street, Suite 101

Suite, Apt. #, Etc.

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

☐ 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

6/24/10

**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	MICHAEL E. BRAREN	329 NORTH SHIPWRECK AVE	PONTE VEDRA, FL 32081

REINSTATEMENT 2007-2010

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

*Michael E. Braren*

Date

6/24/10

Daytime Phone #

904 8133994

Typed or printed name of signing Managing Member/Manager MICHAEL E. BRAREN