

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L060000069103

1. Limited Liability Company's Name

MERKLO LLC

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

1924 S Flagler Ave

Suite, Apt. #, etc.

City & State

Flagler Beach, FL

Zip

32136

Country

US

3. Mailing Office Address

1924 S Flagler Ave

Suite, Apt. #, etc.

City & State

Flagler Beach, FL

Zip

32136

Country

US

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida

07/11/2006

6. FEI Number

205312555

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

Charles Merenda

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

1924 S Flagler Ave

Suite, Apt. #, Etc.

City

Flagler Beach

State

FL

Zip Code

32136

E-mail Address:

cmerenda@cfl.rr.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

Date

9/26/2011

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
PR	Charles Merenda	1924 S Flagler Ave.	Flagler Beach, FL 32136

REINSTATEMENT II

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

Date

9/29/11

Daytime Phone #

386-986-7484

Typed or printed name of signing Managing Member/Manager

N. Sullivan OCT - 2 2011