

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000083331

1. Limited Liability Company's Name

MKT ENTERPRISES of PACE LLC

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

4367 HWY 90

Suite, Apt. #, etc.

3. Mailing Office Address

4367 HWY 90

Suite, Apt. #, etc.

City & State

PACE, FL

City & State

PACE, FL

Zip

32571

Country

US

Zip

32571

Country

US

4. State/Country of Formation

UNITED STATES OF AMERICA

5. Date Organized or Qualified
To Do Business in Florida

8/23/2006

6. FEI Number

41/2214861

☐ 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

CRYSTAL E. SCHNOOR

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

5420 HEATHERTON RD

Suite, Apt. #, Etc.

City

MILTON

State

FL

Zip Code

32570

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

Crystal E. Schnoor

REGISTERED AGENT MUST SIGN

Date **DEC 1, 2010**

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12/03/10--01001--003 **402.50

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	MATTHEW M. SCHNOOR	6200 DAHLIA STREET	MILTON/FL/32570

11. E-mail Address **MATTHEWSCHNOOR02@GMAIL.COM**

(To be used for future annual report notifications)

12. 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

Matthew M. Schnoor

Date

DEC, 1 2010

Daytime Phone #

850-619-8390

Typed or printed name of signing Managing Member/Manager **MATTHEW M. SCHNOOR**