

File 1st

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000087965

1. Limited Liability Company's Name

M.T.F., LLC.

FILED

2014 JUN 10 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800260893028  
06/04/14--01018--018 \*\*\$18.00

CR2E041 (1/14)

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

1646 Swallowtail Ln

Suite, Apt. #, etc.

3. Mailing Office Address

1646 Swallowtail Ln

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

9/6/2006

6. FEI Number

30 037 9653

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

Shanyatta Johnson

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

1646 Swallowtail Ln

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

Shanyatta Johnson

REGISTERED AGENT MUST SIGN

Date 5/23/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles

Name of  
Authorized Representatives/  
Managers

Street Address of Each  
Authorized Representative/  
Manager

City / State / Zip

MGRY Shanyatta Johnson 1646 Swallowtail Ln Sanford FL 32771

REINSTATEMENT

2010-2014  
DB.

11. E-mail Address:

yataaron@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Shanyatta Johnson

Date

5/23/14

Daytime Phone #

321-745-9221

Typed or printed name of signing Authorized Representative/Manager

Shanyatta Johnson