

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000108689

1. Limited Liability Company's Name

MAYR FAMILY LLC

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

2033 Main Street

3. Mailing Office Address *08*

2033 Main Street

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

Sarasota

City & State

Sarasota

Zip

FL

Country

34237

Zip

FL

Country

34237

8. Name and Address of Current Registered Agent

Name

Troy H. Myers, Jr.

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

2033 Main Street

Suite, Apt. #, Etc.

Suite 600

City

Sarasota

State

FL

Zip Code

34237

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 *06/17/10*

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
MGR	Troy H. Myers, Jr.	2033 Main St., Ste 600	Sarasota, FL 34237
MGR	Christian M. Mayr	786 S. Orange Ave.	Sarasota, FL 34236
	REINSTATEMENT	<i>2008-2010</i>	<i>nc 6/23/10</i>

11. E-mail Address: *holly@overseas.de*

(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 608.408, 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

Date *06/02/2010* Daytime Phone # *941-953-8110*

Typed or printed name of signing Managing Member/Manager Troy H. Myers, Jr.

FILED
10 JUN 22 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200181958572
06/10/10--01034--005 **476.75
CR2E041 (05/10)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida **11/09/2006**

6. FEI Number **20-5860024** Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

200181958572
06/21/10--01059--018 **100.00