PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

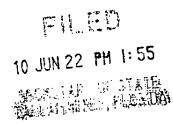
. . .

DIVISION OF CORPORATIONS

DOCUMENT # L06000108689

1. Limited Liability Company's Name

MAYR FAMILY LI



TANTA CALCOTTO

IVIA I IX I AIVIIL I LLO									06710710-01034-005 ++476.25 cr26041 (05/10)					
2. Principal	ffice Address					CNZLO	FT (03/10)							
2033 Main Street 2033 Ma				ain Street				State/Country of Formation						
Suite, Apt. #, etc. Suite, Apt. #,				i i				Florida 5. Date Organized or Qualified To Do Business in Florida 11/09/2006						
Suite 600 Suite 6				00										
City & State City & State Sarasota Saraso				nta				6. FEI Number Applied For				Applied For		
	Zip Country			Sarasota Country								Not Applicable		
FL	'	34237 FL			34237			7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee require for a Certificate of Status						
-	tered Agent													
Troy H. Myers, Jr.								200181958572 06/21/1001059018 **100.00						
Street Address (P.O. Box Number is Not Acceptable) 2033 Main Street														
Suite, Apt. # Suite 60														
City Sarasota /					State FL	Zip Code 34237								
9. I, being a	appointed the registere	ed agent of the all	ove named limite	d liability cor	npany,	am familiar with	and ac	cept the obligat	ions of Chapter 608	, F.S.				
Signature of Registered A		May P	FOIOTEDED AO	ENT MILOT	ENT MUST SIGN				Date 06/17/10					
10 Name	Charat Address	•			SIGN									
10. Names and Street Addresses of Managing Members/Managers Name of					Street Address of Each									
Titles	Managing Members/Managers			Managing Member/Managing				er	City / State / Zip					
MGR	Troy H. Myers, Jr.			2033 Main St., Ste				e 600	Sarasota, FL 34237					
MGR	Christian M. Mayr			786 S. Orange A			Αv	e.	Sarasota, FL 34236					
701	TATOM	4												
K	EINSTA	TEM	ENT	20	0	8-2	7	010	na	6 =	23	/D		
		AFF							-0		,			
11, E-mail A	11, E-mail Address.holly@overseas.de													
12. I certify	that I am managing m	nember/manager o	or the receiver or	trustee emp	owered	e annual report notifi to execute this a	applica	stion as provide	d for in Chapter 608	, F.S. I furth	er certif	y that when		
filing thi	is reinstatement applic	ation the reason fo	r dissolution has	been elimina	ated, the	e limited liability o	compar	ny name satisfie	s the requirements	of section 60	08.4 06 ,	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 06/82/2010 Daytime Phone # 941-953-8110

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