

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JAN 11 PM 3:12

DOCUMENT # L07000012855

1. Limited Liability Company's Name

MASTERTech SYSTEMS, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500163992685
01/11/10--01052--008 **177.50

500163992685
12/28/09--01058--008 **238.75
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 352 CADDIE DRIVE		3. Mailing Office Address 352 CADDIE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DEBARRY, FL		City & State DEBARRY, FL	
Zip 32713	Country USA	Zip 32713	Country USA

4. State/Country of Formation FLORIDA, USA	
5. Date Organized or Qualified To Do Business in Florida 02/05/2007	
6. FEI Number 74-3203868	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name JOHN P. YANIK		
Street Address (P.O. Box Number is Not Acceptable) 352 CADDIE DRIVE		
Suite, Apt. #, Etc.		
City DEBARRY	State FL	Zip Code 32713

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 **12/21/2009**
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	JOHN P. YANIK MANAGER - PRESIDENT	352 CADDIE DRIVE	DEBARRY, FL 32713

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11. E-mail Address. **mastertech@comcast.net**
(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 **John Yanick** Date **12/21/2009** Daytime Phone # **386-717-1686**

Typed or printed name of signing Managing Member/Manager _____