

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 13 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900175478959
04/13/10--01006--017 ***421.25

CR2E041 (11/09)

DOCUMENT #

1. Limited Liability Company's Name

MariChris, LLC.
FL # L07000017558

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

3. Mailing Office Address

115 Sunset Harbor Way 115 Sunset Harbor Way

Suite, Apt. #, etc

Suite, Apt. #, etc

103-C

103-C

City & State

City & State

St. Augustine, FL

St. Augustine, FL

Zip

Country

Zip

Country

32080

St. Johns

32080

St. Johns

4. State/Country of Formation

FL St. Johns

5. Date Organized or Qualified
To Do Business in Florida

2/9/2007

6. FEI Number

86-1106344

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

Melissa Derrick

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

115 Sunset Harbor Way

Suite, Apt. #, Etc.

103-C

City

St. Augustine

State

FL

Zip Code

32080

☒ 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

Melissa Derrick

REGISTERED AGENT MUST SIGN

Date 3/15/2010

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	Melissa Derrick	115 Sunset Harbor Way, 103-C	St. Augustine, FL 32080

JB

REINSTATEMENT 2008-10

11. E-mail Address: MWDerrick1992@yahoo.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

Melissa N. Derrick

Date 4/8/2010

Daytime Phone # 919-325-6678

Typed or printed name of signing Managing Member/Manager

Melissa N. Derrick