

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L07000029431**

1. Limited Liability Company's Name

M. B. CLARK, LLC

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

164 Grand Flora Way

Suite, Apt. #, etc.

City & State

Santa Rosa Beach FL

Zip

32459

Country

USA

3. Mailing Office Address

"SAME"

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

Florida Walton County

5. Date Organized or Qualified
To Do Business in Florida

May 2007

6. FEI Number

20-8695155

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 **Michael B Clark**

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

164 Grand Flora Way

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State

FL

Zip Code

32459

E-mail Address:

mikeclarktennis@gmail.com

(To be used for future annual report notices)

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

[Signature]

Date **11/27/11**

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
MEM	Michael B Clark	164 Grand Flora Way	Santa Rosa Beach FL 32459

REINSTATEMENT

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date

11/27/11

Daytime Phone #

(850) 974-4464

Typed or printed name of signing Managing Member/Manager