

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION:

09 NOV -4 PM 5:34

DOCUMENT # LO7000037379

1. Limited Liability Company's Name

Martin Realty of S. J. C, LLC

REINSTATEMENT 2008-09 LSCM

000162133650
10/26/09--01006--004 **382.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
253 Treasure Beach Rd.

Suite, Apt. #, etc.

3. Mailing Office Address
PO Box 2144

Suite, Apt. #, etc.

City & State
Saint Augustine Florida

City & State
Saint Augustine Florida

Zip Country
32080 US

Zip Country
32085 US

4. State/Country of Formation
Florida US

5. Date Organized or Qualified
To Do Business in Florida 4/09/2007

6. FEI Number
20-8799523

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
Jonathan Douglas Martin

Street Address (P.O. Box Number is Not Acceptable)
5207 Cypress Links Blvd.

Suite, Apt. #, Etc.

City State Zip Code
Elkton FL 32033

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/20/2009

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
<i>MGM</i>	Jonathan Douglas Martin	5207 Cypress Links Blvd.	Elkton Florida 32033

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.

Signature of
Managing Member/Manager

[Signature]

Date 10/20/2009

Daytime Phone # 904-540-2652

Typed or printed name of signing Managing Member/Manager Jonathan Douglas Martin